FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED May 01 1998 8:00am

ANN	JAL REPORT	Secretary of State DIVISION OF CORPORATIONS			Secretary of State
·	1998	DIV.	ABION OF COR		
DOCUMENT # P97000037519 (0)					
WINTECH MEDICAL, INC.					
AAIMIE	UTI MEDICAL, INC.				A LOGALINGE AND LEGALING DESCRIPTION OF THE STATE AND A STATE AND
Principal Plac	e of Business	Mailing Addr	ess		1 SADILODI ISE IBAS IBASI DODIN BOLIC BASIS DEIDA WINI IBEDS DHAD MINI IBASI
2381 ROBERTA LANE 2381 ROBERTA LANE				22264	
CLEARWATE	R FL XXXX 33764	CLEARWATE	R FL 3465 4X	33764	DO NOT WRITE IN THIS SPACE
i					3. Date incorporated or Qualified
					04/25/1997
2. Principal P	Place of Business	2a. Mailing Ad	dress		4. FEI Number Applied For #59 – 3442496 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.		S8 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	10	City & Sta	te		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip		Country	Trust Fund Contribution Added to Fees
24	25	29	30	n '	8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Cu	rrent Registered Ager	ıt		10. Name and Address of New Registered Agent
WINTER, ANN 81 Name					
2381 ROBERTA LANE 82 Street Address (P.O. Box Number is Not Acceptable)					
a	EARWATER FL 34824 33	3764		63	
				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I a	im familiar with, and accept the c	bligations of, Section 6	07.0505, Florida	a Statutes.	poration's poard or directors, i hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registers		WOLL D.		required when reinstating) DATE
12.		AND DIRECTORS	(NO)1 Pe	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 TITLE	P/T/S/D
NAME				1.2 NAME	Winter, Ann
STREET ADDRESS				1.3 STREET ADDRESS	2381 Roberta Lane
CITY-ST-ZIP TITLE			DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Clearwater FL 33764
NAME			DECENE	2.2 NAME	VP
STREET ADORESS				2.3 STREET ADDRESS	2381 Roberta Lane
CITY-ST RIP	_		. 1	2. 4 CITY-ST-ZIP	Clearwater FL 33764
TITLE			DELETE	31 TITLE	Change Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		_		4. 2 NAME	
STREET ADDRESS			-	4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE			DELETE	5 1 TITLE	Change Addition
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-ST-ZIP 6 1 TITLE	☐ Change ☐ Addition
NAME		_	,	6.2 NAME	and the same of th
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	
4.4 horabu c	partification the information cumplic	d with this filips done c	طفحه بالقنادييم فح	a avamation state	d in Section 119 07/3Vi) Florida Statutes I further certify that the information

I hereby certify that the information supplied with this filing closs not quality for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(813) 531-9359