TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jul 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000065064 (2) AUXILIUM MEDICAL TECHNOLOGIES & SUPPLIES, INC. Principal Place of Business Mailing Address 4430 SW 74TH AVENUE 4430 SW 74TH AVENUE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Zιp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 30 24 29 Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent HEVIA, JOSEPH J SR 4250 WEST 18TH LANE 82 HIALEAH FL 33012 R3 84 lami s 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Persuant to the provisions gent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FFICERS AND DIRECTORS 13. DELETÉ 1.1 TITLE Janulionis, V. Jeff. 9845 SW 86Th St. TITLE HEVIA, JOSEPH J SR NAME 1.2 NAME 4250 WEST 18TH LANE 1.3 STREET ADDRESS STREET ADDRESS MIAMI, F1. 33173 HALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TIME 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 of the economic receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4/28/98 (200)21.1-9698

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002585810

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