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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085921

1. Corporation Name
Quality Medical Needles

Principal Place of Business
2000 Calumet St.
Clearwater, FL 33765

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 390 Scarlet Blvd.
Suite, Apt. #, etc.
22
City & State
23 Oldsmar, FL
Zip
24 34677
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
10-2-97

4. FEI Number
59-3479263
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mike Cave
2000 Calumet Street
Clearwater, FL 33765

10. Name and Address of New Registered Agent

81 Name
Joe Harms
82 Street Address (P.O. Box Number is Not Acceptable)
390 Scarlet Blvd.
83
84 City
Oldsmar
FL
85 Zip Code
34677

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 agent, 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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Joseph E. Harms JOSEPH E. HARMS PRES. 5/18/98
Signature, Typed or Printed Name of Individual with Authority to Sign (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE ☒	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition
	Vice President Chuck Symmonds 2000 Calumet Clearwater, FL 33765		President Joe Harms 390 Scarlet Blvd. Oldsmar, FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE ☐	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
	Secretary/Treasurer Mike Cave 2000 Calumet St. Clearwater, FL 33765		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition JC 6/3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 700002549647 -06/05/98--01097--015 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exempt status stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 added above.

SIGNATURE: Joseph E Harms JOSEPH E HARMS PRES. 5/18/98 (813) 818-8705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)