

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 003 ***550.00

DOCUMENT # P98000009368

1. Corporation Name

DYNAMIC HEALTH PRODUCTS, INC.

Principal Place of Business

5905-A HAMPTON OAKS PARKWAY
TAMPA FL 33610

Mailing Address

5905-A HAMPTON OAKS PARKWAY
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

34-1711778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 6950 Bryan Dairy Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 6950 Bryan Dairy Rd.
Suite, Apt. #, etc.

22 City & State

23 Largo, FL

24 33777 25 USA

27 City & State

28 Largo, FL

29 33777 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Kotha S. Sekharan
82 Street Address (P.O. Box Number is Not Acceptable)
6950 Bryan Dairy Road
83
84 City Largo FL 85 Zip Code 33777

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Kotha S. Sekharan, Pres. 5/17/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	CD	NAME	Tangja, Jugal K	STREET ADDRESS	6950 Bryan Dairy Rd.	CITY-ST-ZIP	Largo, FL 33777
TITLE	PD	NAME	Kotha S. Sekharan	STREET ADDRESS	6950 Bryan Dairy Rd.	CITY-ST-ZIP	Largo, FL 33777
TITLE	D, Vice Chairman	NAME	Paul A. Santostasi	STREET ADDRESS	6950 Bryan Dairy Rd.	CITY-ST-ZIP	Largo, FL 33777
TITLE	D, CEO	NAME	William L. LaGamba	STREET ADDRESS	6950 Bryan Dairy Rd.	CITY-ST-ZIP	Largo, FL 33777
TITLE	VP, CFO	NAME	Henry W. Brewer	STREET ADDRESS	6950 Bryan Dairy Rd.	CITY-ST-ZIP	Largo, FL 33777
TITLE	D	NAME	Martin A. Traber	STREET ADDRESS	6950 Bryan Dairy Rd.	CITY-ST-ZIP	Largo, FL 33777

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	Rakesh K. Sharma, MD	6.3 STREET ADDRESS	6950 Bryan Dairy Rd.	6.4 CITY-ST-ZIP	Largo, FL 33777

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.076(1), 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kotha S. Sekharan, Pres. 5/17/99

Date

Daytime Phone #

727/544-8866

CR2E034 (11/98)