

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90003 001 ***150.00

06-29-1999 90003 002 *****8.75

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1. Corporation Name

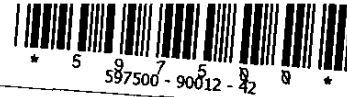
HOWARD MEDICAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

3312 W. BARCELONA ST
TAMPA FL 33629

SAME



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/12/98

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3527665

Applied For
Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVE HOWARD
HOWARD MEDICAL PRODUCTS, INC.
3312 W. BARCELONA ST.
TAMPA, FL 33629

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHIEF EXEC. OFFICER ☐ DELETE1.1 TITLE ☐ Change ☐ Addit

NAME DAVE HOWARD

1.2 NAME

STREET ADDRESS 3312 W BARCELONA ST.

1.3 STREET ADDRESS

CITY-ST-ZIP TAMPA FL 33629

1.4 CITY-ST-ZIP

TITLE CHIEF OPERATING OFFICER ☐ DELETE2.1 TITLE ☐ Change ☐ Addit

NAME ROBERT S COOK

2.2 NAME

STREET ADDRESS 3318 W BARCELONA ST

2.3 STREET ADDRESS

CITY-ST-ZIP TAMPA FL 33629

2.4 CITY-ST-ZIP

TITLE ☐ DELETE3.1 TITLE ☐ Change ☐ Addit

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE4.1 TITLE ☐ Change ☐ Addit

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

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5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE6.1 TITLE ☐ Change ☐ Addit

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

David N. Howard

7-12-99

813 831-5166