08061999-90003-011-$558.75-$558.75

999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90003 011 ***558.75

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P98000026433

1. Corporation Name

VECTOR MEDICAL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
7761 LA MIRADA DRIVE BOCA RATON FL 33433	7761 LA MIRADA DRIVE BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1998

2. Principal Place of Business
21 3785 N.Federal Hwy
Suite, Apt. #, etc.
22 #300
City & State
23 Boca Raton, FL.
Zip 24 33431 Country 25 Palm Bch

2a. Mailing Address
26 3785 N.Federal Hwy
Suite, Apt. #, etc.
27 #300
City & State
28 Boca Raton, FL.
Zip 29 33431 Country 30 Palm Bch

4. FEI Number: 65-0870617 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

[illegible] FL 33432

10. Name and Address of New Registered Agent

81 Name: Jeffrey L. Greenberg
82 Street Address (P.O. Box Number is Not Acceptable): c/o Greenberg & Schillinger, P.A.
83 1761 W. Hillsboro Blvd., Suite 201
84 City: Deerfield Beach FL 85 Zip Code: 33442

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] 8/2/99
Signature, typed or printed name of individual agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CHM	☐ DELETE
NAME	SALIT, MICHAEL M.D. PH	
STREET ADDRESS	7761 LA MIRADA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PCOO	☒ DELETE
NAME	CLIPPINGER, DONALD	
STREET ADDRESS	7761 LA MIRADA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	CEO	☐ DELETE
NAME	SALIT, MICHAEL MD, PHD	
STREET ADDRESS	7761 LA MIRADA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	☒ Change ☐ Addition
1.2 NAME	SALIT, Michael H., M.D., PhD	
1.3 STREET ADDRESS	3785 No. Federay Highway, #300	
1.4 CITY-ST-ZIP	Boca Raton, FL. 33431	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CEO	☒ Change ☐ Addition
3.2 NAME	SALIT, Michael H., MD, PhD	
3.3 STREET ADDRESS	3785 No. Federal Highway, #300	
3.4 CITY-ST-ZIP	Boca Raton, FL. 33431	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: [signature] Michael Salit, MD 8/2/99 (561-338-6330)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #