2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90209 009 ***150.00

DOCUMENT # P98000026433

1. Entity Name
VECTOR MEDICAL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
3785 N FEDERAL HWY #300 BOCA RATON FL 33431	3785 N FEDERAL HWY #300 BOCA RATON FL 33431-5949

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0870617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENBERG, JEFFREY L 1761 CO. HILLSBORO BLVD. STE 201 DEERFIELD BEACH FL 33442	Name: Jeffrey L. Greenberg, Esquire Street Address (P.O. Box Number is Not Acceptable): 4800 N. Federal Hwy., Suite 304D Law office of Jeffrey L. Greenberg, P.A. City: Boca Raton FL Zip Code: 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Jeffrey L. Greenberg 4/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: CHM NAME: SALIT, MICHAEL M.D. PH STREET ADDRESS: 7761 LA MIRADA DRIVE CITY-ST-ZIP: BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: PCOO NAME: CLIPPINGER, DONALD STREET ADDRESS: 7761 LA MIRADA DRIVE CITY-ST-ZIP: BOCA RATON FL 33433 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: C NAME: SALIT, MICHEAL H MD STREET ADDRESS: 3785 N FEDERAL HIGHWAY #300 CITY-ST-ZIP: BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: President NAME: Whidden, James STREET ADDRESS: 3785 N Federal Highway, Ste 300 CITY-ST-ZIP: Boca Raton, Fl 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/18/00 561-338-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)