2004 FOR PROFIT CORPORATION

FILED Mar 05, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000027217 1. Entity Name B. & A. MEDICAL, INC. Principal Place of Business Malling Address 4300 N UNIVERSITY DR F100 4300 N UNIVERSITY DR F100 LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 02162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0827640 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARTZ, ROY C DO NOT WRITE 4300 N UNIVERSITY DRIVE F100 LAUDERHILL, FL 33351 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suprature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 🔔 - 🗆 Added to Fees 10, OFFICERS AND DIRECTORS PD TITLE SCHWARTZ, ROY NAME 4300 NORTH UNIVERSITY DR F100 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33351 U00000077494 03/05/04-80044-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 30DF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS EITY-ST-ZIP TITLE MANE STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(1), 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all priper liberaries. changed, or on an attachment

SIGNATURE:

CITY-ST-ZIP SITE NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR