

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000085852**1. Entity Name  
PORTER MEDICAL PRODUCTS, INC.

|  |    |  |    |
|--|----|--|----|
| Principal Place of Business<br>1609 S. STATE RD. 15A<br>SUITE 6<br>DELAND<br>32720<br>UD | FL | Mailing Address<br>1609 S. STATE RD. 15A<br>SUITE 6<br>DELAND<br>32720<br>UD | FL |
|--|----|--|----|

|   |   |
|---|---|
| 2. Principal Place of Business<br>1609 S. STATE RD. 15A | 3. Mailing Address<br>1609 S. STATE RD. 15A |
|---|---|

|                                |                                |
|--------------------------------|--------------------------------|
| Suite, Apt. #, etc.<br>SUITE 6 | Suite, Apt. #, etc.<br>SUITE 6 |
|--------------------------------|--------------------------------|

|                              |                              |
|------------------------------|------------------------------|
| City & State<br>DELAND<br>FL | City & State<br>DELAND<br>FL |
|------------------------------|------------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>32720 | Country<br>US | Zip<br>32720 | Country<br>US |
|--------------|---------------|--------------|---------------|

4. FEI Number  
**65-0869711**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PORTER GARY KJR  
372 CADDIE DRIVE  
  
DEBARY FL  
32713**7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
City FL Zip Code

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 \_\_\_\_\_ **04/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>PORTER GARY K<br>45 MILITIA HILL ROAD<br>WARRINGTON PA 18776<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PORTER GARY JR.<br>372 CADDIE DRIVE<br>DEBARY FL 32713<br><input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Gary K Porter Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 04/23/2001

Date Daytime Phone #

CR2E034 (11/00)