2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR HINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P99000045691 MED SYSTEMS, INC. 03-19-2001 90019 047 ***150.00 Mailing Address Principal Place of Business 2208 INDUSTRIAL BLVD. 2208 INDUSTRIAL BLVD. SARASOTA FL 34234 SARASOTA FL 34234 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0953728 Not Applicable \$8.75 Additional Zip Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENGROFF, HARVEY Street Address (P.O. Box Number is Not Acceptable) 3501 BAYOUSOUND LONGBOAT KEY FL 34228 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEOD ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VENGROFF, HARVEY** NAME NAME 3501 BAYOU SOUND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LONGBOAT KEY FL 34228** ☐ Change ☐ Addition CFO TITLE ☐ Delete TITLE WILLIAMS, ROBERT NAME NAME STREET ADDRESS 2601 BERN CREEK LOOP STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Change ☐ Addition PD Delete TITLE TITLE CUDNEY, KAREN NAME NAME STREET ADDRESS 1220 MILL CREEK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ■ Addition Change **VPD** ☐ Defete TITLE TITLE VENGROFF, MARK NAME NAME 1 CAVALIERI DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUNTINGTON BEACH CA 92646** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE VENGROFF, JOEL NAME STREET ADDRESS ONE BANKSIDE DR STREET ADDRESS CITY-ST-ZIP **CENTERPORT NY 11721** CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE VENGROFF, KRISTY NAME NAME 3808 N. TAMIAMI TRL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 13. I hereby certify that the information supplied with this filling 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 expowered 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.