FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 12, 2002 8:00 am Secretary of State DOCUMENT # S42544 1. Entity Name 09-12-2002 90063 045 ***150.00 VASCOR MEDICAL CORPORATION Principal Place of Business Mailing Address P.O. BOX 148 612 FLORIDA AVE P.O. BOX 148 PALM HARBOR FL 34683 TARPON SPRINGS FL 34688-0148 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE: City & State City & State 4. FEI Number Applied For 59-3067361 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACCIA, AUDREY M. Street Address (P.O. Box Number is Not Acceptable) 216 EARL STREET TARPON SPRINGS FL 34689 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (4/02) ☐ Addition TITLE ☐ Delete TITLE ☐ Change MACCIA, AUDREY NAME NAME 216 EARL ST STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MACCIA, VINCENT NAME NAME 216 EARL ST STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Maddition Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

PERMANENT & TEMPORARY PACING LEADS
INTRODUCER SETS
CARLES

WVASCOR MEDICAL CORPORATION

P.O. BOX 148 TARPON SPRINGS, FL 34688-0148 PHONE 813-784-1097 800-330-1615 FAX 813-784-0866

September 10, 2002

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Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I respectfully request that the penalty fee of \$400.00 be waived as we did not receive the original form (prior notice) nor any subsequent follow-up reminders until I received this notice.

I realized it is our responsibility to be aware of this payment but with all the different tax payments it is easy to overlook one if we do not receive the 1st form and any reminders about payment. Upon receiving this notice, I immediately thought it was paid because there is no reason why it wouldn't be. Upon checking my records I saw that payment was not made this year. As I looked in my tax file, I discovered that I had never received the form so therefore, no payment was made.

We are a small business and a \$400.00 penalty for late payment is a strain on our finances. I would appreciate your consideration in this matter.

Sincerely,

VASCOR MEDICAL CORPORATION

Audrey Macia

Audrey Maccia

President

Enclosures