FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S61729 (7)

1. Corporation Name

BUBBA BROTHERS MEDICAL, INC.

Principal Place of Business	Mailing Address
5950 FROND WAY APOLLO BEACH FL 33572 US	5950 FROND WAY APOLLO BEACH FL 33572 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 02/16/1995
4. FEI Number: 65-0277504 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~KOLODY, STEPHEN G~~
~~2301 MCGREGOR AVE~~
~~SUITE 302~~
~~FT MYERS FL 33901~~

10. Name and Address of New Registered Agent

81 Name: PYLE, Terrence F.
82 Street Address (P.O. Box Number is Not Acceptable): 707 Del Webb Boulevard West
83
84 City: Sun City Center FL 85 Zip Code 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Terrence F Pyle TERRENCE F. PYLE 3-19-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	~~CAIN, MICHAEL~~		1 2 NAME		
STREET ADDRESS	~~5231 GREENBRIAR DR~~		1 3 STREET ADDRESS		
CITY-ST-ZIP	~~FT MYERS FL~~		1 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2 1 TITLE	D P S T	☒ Change ☐ Addition
NAME	KEARNEY, PATRICK J		2 2 NAME		
STREET ADDRESS	911 CHIPAWAY DRIVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL		2 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3 1 TITLE	D V-P	☒ Change ☐ Addition
NAME	KEARNEY, KAREN E.		3 2 NAME		
STREET ADDRESS	911 CHIPAWAY DRIVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL		3 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	~~CAIN, LYNNE P.~~		4 2 NAME		
STREET ADDRESS	~~5231 GREENBRIAR DR.~~		4 3 STREET ADDRESS		
CITY-ST-ZIP	~~FT. MYERS FL~~		4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen E Kearney Karen E. Kearney 3/19/96 813-641-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)