FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04392 (9)

1. Corporate Name
CREATIVE MEDICAL CONCEPTS, INC.

Principal Place of Business
577 MARKET SQ W
LAKELAND FL 33813
US

Mailing Address
PO BOX 2535
LAKELAND FL 33806-2535
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

4. FEI Number: 59-3097869 — 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

MORRISON, JOSEPH A.
5410 S FLORIDA AVE
SUITE 3
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: Pansler, Karl
82 Street Address (P.O. Box Number is Not Acceptable): 575 Broadway (North)
83
84 City: Bartow FL 85 Zip Code: 33830

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 within 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: [signature] 4/15/95
Registered Agent's Signature — Date

12. OFFICERS AND DIRECTORS

1. Title	D
1. Name	CHAULK, R.L.
1. Street Address	577 MARKET SQ W
1. City, St, Zip	LAKELAND FL
2. Title / 2. Name / 2. Street Address / 2. City, St, Zip	
3. Title / 3. Name / 3. Street Address / 3. City, St, Zip	
4. Title / 4. Name / 4. Street Address / 4. City, St, Zip	
5. Title / 5. Name / 5. Street Address / 5. City, St, Zip	
6. Title / 6. Name / 6. Street Address / 6. City, St, Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title ☐ Change ☐ Addition
1. Name
1. Street Address
1. City, St, Zip

2. Title ☐ Change ☐ Addition
2. Name
2. Street Address
2. City, St, Zip

3. Title ☐ Change ☐ Addition
3. Name
3. Street Address
3. City, St, Zip

4. Title ☐ Change ☐ Addition
4. Name
4. Street Address
4. City, St, Zip

5. Title ☐ Change ☐ Addition
5. Name
5. Street Address
5. City, St, Zip

6. Title ☐ Change ☐ Addition
6. Name
6. Street Address
6. City, St, Zip

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the 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 is added in Block 13 per instructions.

SIGNATURE: [signature] CEO/Pres 4/1/95 83 647 1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0318037 CP