SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 11 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****233.75 ****233.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # V25934 (3)

1. Corporation Name
CALUSA MEDICAL, INC.

Principal Place of Business	Mailing Address
1156 N.E. CLEVELAND ST CLEARWATER FL 34615 US	1156 NE CLEVELAND ST CLEARWATER FL 34615 US

3. Date Incorporated or Qualified: 03/30/1992
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business
21 2708 ALT 19 N
Suite, Apt. #, etc.
22 # 702
City & State
23 PALM HARBOR FL
Zip 24 34683 County 25 PINELLAS

2a. Mailing Address
26 2708 ALT 19 N #
Suite, Apt. #, etc.
27 # 702
City & State
28 PALM HARBOR FL
Zip 29 34683 County 30 PINELLAS

4. FEI Number: 59-3120172 ☐ 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
KOUFAS, CHERYL A.
1156 NE CLEVELAND ST
CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81 Name: CONRAD NAGEL
82 Street Address (P.O. Box Number is Not Acceptable): 2708 ALT 19 N
83 # 702
84 City: PALM HARBOR FL 85 Zip Code: 34683

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 Conrad Nagel CONRAD NAGEL 7/6/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	KOUFAS, CHERYL	1.2 NAME	
STREET ADDRESS	1156 N.E. CLEVELAND ST	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	CHIEF EXECUTIVE OFFICER - DIRECTOR, ☐ Change ☒ Addition
NAME		2.2 NAME	SID FIELD
STREET ADDRESS		2.3 STREET ADDRESS	2708 ALT 19 N #702
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		3.1 TITLE	VICE PRESIDENT - FINANCE ☐ Change ☒ Addition
NAME		3.2 NAME	CONRAD NAGEL
STREET ADDRESS		3.3 STREET ADDRESS	2708 ALT 19 N. #702
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS	T.S. 7/11/95	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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: Conrad Nagel CONRAD NAGEL 7/6/95 (813) 786-8678
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01192072 CP