

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37613 (9)

1. Corporation Name

SAC MEDICAL DEVICES, INC.

Principal Place of Business
POST OFFICE BOX 636304
MARGATE FL 33063

Mailing Address
POST OFFICE BOX 636304
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/18/1992 3a. Date of Last Report 04/26/1994

4. FEI Number 65-0331917 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

2. Principal Place of Business
21 4910 NW 54th St

2a. Mailing Address
26 PO BOX 936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 COCONUT CREEK, FL

City & State
28 MARGATE, FL

Zip

Country

Zip

Country

24 33073

25 USA

29 33093-6304

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACCARO, ANN
4910 NORTHWEST 54TH STREET
COCONUT CREEK FL 33073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SACCARO, ANN
STREET ADDRESS 4910 N.W. 54TH STREET
CITY - ST - ZIP COCONUT CREEK FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME BATTAGLIOLA, HENRY
STREET ADDRESS 190 E. 95TH STREET
CITY - ST - ZIP NEW YORK NY 10128

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

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41 TITLE
42 NAME
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44 CITY - ST - ZIP

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TITLE
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CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN SACCARO, DP

4/14/95 305/480-9093