FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 MAR -6 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39945 (3)

1. Corporation Name
CREATIVE MEDICAL, INC.

Principal Place of Business	Mailing Address
5363 NW 35 AVE FT. LAUDERDALE FL 33309 US	5363 NW 35 AVE FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0392938 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BIGGIE, JOHN J.
3041 NE 48TH ST.
LIGHTHOUSE POINT FL 33309

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE	Delete	☐ Change ☐ Addition
NAME	~~ZIGARAC, KEVIN~~	12 NAME		
STREET ADDRESS	~~606 NW 103RD AVE.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~PLANTATION FL~~	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	DPresident	☒ Change ☐ Addition
NAME	BIGGIE, JOHN J.	22 NAME	Biggie, John J.	
STREET ADDRESS	3041 NE 48TH ST.	23 STREET ADDRESS	3041 NE 48th St.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	24 CITY-ST-ZIP	Lighthouse Pt., FL.	
TITLE	~~DV~~	31 TITLE	Delete	☐ Change ☐ Addition
NAME	~~ZIGARAC, PAMELA~~	32 NAME		
STREET ADDRESS	~~606 NW 103RD AVE.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~PLANTATION FL~~	34 CITY-ST-ZIP		
TITLE	DST	41 TITLE		☐ Change ☐ Addition
NAME	BIGGIE, LYDIA	42 NAME		
STREET ADDRESS	3041 NE 48TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is absolutely harmless 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.

305 - 739 -

SIGNATURE: Lydia B Biggie LYDIA B. Biggie Secretary 1/17/95 4972 ext 4913
(SIGNATURE AND TITLE OR PHOTO NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone)

0216660 CP