

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57160

1. Entity Name

C-D HEALTHCARE PRODUCTS INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90068 017 ***158.75

Principal Place of Business

Mailing Address

3580 PALL MALL DR
1202
JAX FL 32257
US

3530 WOODARDS COVE CT
JAX FL 32223-7809
US

Note: See change to
* name permanent
address below.

906 E. Parker Street

906 E. Parker St.

2. Principal Place of Business

3. Mailing Address

~~47 DUNN'S LAKE ROAD~~
Suite, Apt. #, etc.

~~47 DUNN'S LAKE ROAD~~
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State BAXLEY, GEORGIA		City & State BAXLEY, GEORGIA		4. FEI Number 59-3142794	Applied For Not Applicable
Zip 31513	Country (USA) APPLING	Zip 31513	Country (USA) APPLING	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WINKLER, JOHN S. 2515 OAK ST. JACKSONVILLE FL 32204		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DUNN, JOSEPH G 3580 PALL MALL DR. #1202 JACKSONVILLE FL 32257 47 Dunn's Lake Rd. Baxley Ga 31513	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ISON, NORAH JANE 3530 WOODWARDS COVE CT. JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph G. Dunn, Sr. CEO, President 912-367-6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/1/00 Daytime Phone #

CR2E034 (9/99)