

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Mednam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:18

DOCUMENT # 500318 (1)

1. Corporation Name
SUNBELT MEDICAL PRODUCTS, INC.

Principal Place of Business: 11701 N.W. 102ND RD. SUITE 14 MEDLEY FL 33178 US
Mailing Address: P. O. BOX 4369 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Created	3a. Date of Last Report
21	26	04/01/1976	01/25/1994
22. Date, Apt. #, etc.	27. Date, Apt. #, etc.	4. FID Number	Applied For This Application
23. City & State	28. City & State	59-2116840	
24. Zip	25. Country	29. Zip	30. Country

5. Certificate of Status: Filled \$8.75 Additional Fee Required

6. Election Campaign Financing: Filled \$5.00 May Be Added to Fees

7. The corporation has liability for intangible tax under § 193.031, Florida Statutes Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACK W. ROSS 6200 S.W. 104TH STREET MIAMI FL 33156	01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. 04. City 05. Zip Code

11. Pursuant to the provisions of Sections 607.09(1) and 607.09(2), Florida Statutes, this 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.09(1) and 607.09(2), Florida Statutes.

SIGNATURE: *Jack W. Ross* DATE: 2/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
001	PTD ROSS, W JACK 6200 S W 104TH STREET MIAMI, FLORIDA 00000	11.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
002		11.002	
003		11.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
004		11.004	
005		11.005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
006		11.006	
007		11.007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
008		11.008	
009		11.009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
010		11.010	
011		11.011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
012		11.012	
013		11.013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
014		11.014	
015		11.015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
016		11.016	
017		11.017	<input type="checkbox"/> Change <input type="checkbox"/> Addition
018		11.018	
019		11.019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
020		11.020	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and equally for the corporation states as far as I know, 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or as an attachment with an address.

SIGNATURE: *Jack W. Ross* JACK W. ROSS 2/10/95 (305) 882-1279