

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820400 (0)

1. Corporation Name
BAXTER HEALTHCARE CORPORATION



Principal Place of Business ONE BAXTER PARKWAY P. O. BOX 703 DEERFIELD IL 60015-4825	Mailing Address ONE BAXTER PARKWAY P. O. BOX 703 DEERFIELD IL 60015-0703
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/10/1967	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-2604143	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUCKS, VERNON R		1.2 NAME		
STREET ADDRESS	899 RINGWOOD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUBITZ, ARTHUR F.		2.2 NAME		
STREET ADDRESS	232 DEERFIELD RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL		2.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, BRIAN P		3.2 NAME		
STREET ADDRESS	1705 SAUNDERS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL		3.4 CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KNIGHT, LESTER B		4.2 NAME		
STREET ADDRESS	1005 CHESTNUT		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL 60091		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIECK, A GERARD		5.2 NAME		
STREET ADDRESS	199 STANLEY AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL		5.4 CITY-ST-ZIP		
TITLE	SVPC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAEMER, HARRY M. JR.		6.2 NAME		
STREET ADDRESS	936 SENECA RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL		6.4 CITY-ST-ZIP		

14. I do 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 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 checked, or on an attachment with an

SIGNATURE: *[Signature]* **IVAN SHANDOR**
 Asst. Treasurer 4/10/97

CR2E034 (9/96)