

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90026 009 ***600.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005402

1. Corporation Name
XOMED SURGICAL PRODUCTS, INC.



Principal Place of Business
**6743 SOUTHPOINT DRIVE NORTH
 JACKSONVILLE FL 32216**

Mailing Address
**6743 SOUTHPOINT DRIVE NORTH
 JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/16/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		06-1393528	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC TREACE, JAMES T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BAYS, F B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST TIMBIE, THOMAS E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D EMMITT, RICHARD B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18 BANK STREET SUMMIT NJ 07901	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MOORHEAD, RODMAN W III	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	466 LEXINGTON AVE NEW YORK NY 10017	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MILLER, WILLIAM R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 EAST 52ND STREET, 12TH FLOOR NEW YORK NY 10022	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with an officer like empowered.

SIGNATURE: _____

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99
 Date

904-279-7525
 Daytime Phone #

CR2E034 (11/98)