

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **993000064577**

1. Corporation Name
Life Care Medical Products, Inc.

Principal Place of Business Mailing Address
8333 Bryan Dairy Rd. Largo, Florida 34647

2. Principal Place of Business
26 c/o Corp. Tax Dept.
Suite, Apt. #, etc.
22 8333 Bryan Dairy Rd.
City & State
23 Largo, Florida
Zip
24 34647 Country
25 Pinellas

9. Name and Address of Current Registered Agent

Hagan, John J.
5536 Central Avenue
St. Petersburg, Fl. 33710

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: *See Hanscom* Registered Agent
DATE: *3/25/96*

12. OFFICERS AND DIRECTORS

TITLE	DP	NAME	Hagan, John J.	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Fl. 34647	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	Newman, Francis A	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input type="checkbox"/> DELETE
TITLE	DVS	NAME	Santo, James M	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input type="checkbox"/> DELETE
TITLE	D	NAME	Turley, Stewart	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input type="checkbox"/> DELETE
TITLE	VPT	NAME	Gladysz, Martin W	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input type="checkbox"/> DELETE
TITLE	VP	NAME	Kelly, Edward W.	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	NAME	Wright, Samuel G.	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DP	NAME	Newman, Francis A	STREET ADDRESS	8333 Bryan Dairy Rd.	CITY - ST - ZIP	Largo, Florida 34647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300001768833
-04/04/96--01013--010
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Samuel G. Wright* Samuel G. Wright Exec. VP/CFO 3/26/96 813/899-7217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF PHONE

CR2E034 (12/95)