FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000064577 (8)**

1. Corporation Name
LIFE CARE MEDICAL PRODUCTS, INC.

Principal Place of Business
C/O CORP. TAX DEPT.
8333 BRYAN DAIRY RD
LARGO FL 34647

Mailing Address
C/O CORP. TAX DEPT.
8333 BRYAN DAIRY RD
LARGO FL 33777-1230

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-3201551 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HANSCOM, LEE J
8333 BRYAN DAIRY RD
LARGO FL 34647

10. Name and Address of New Registered Agent
81 Name: HENDRICKS, LINDA
82 (P.O. Box Number is Not Acceptable): 8333 BRYAN DAIRY RD
83: ATTN: RISK MANAGEMENT
84 City: LARGO FL 85 Zip Code: 33777

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: Linda M. Hendricks — 4/14/97
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	VP ☐ DELETE	1.1 TITLE	VPCFO ☒ Change ☐ Addition
NAME	WRIGHT, SAMUEL G	1.2 NAME	Wright, Samuel G.
STREET ADDRESS	8333 BRYAN DAIRY RD.	1.3 STREET ADDRESS	8333 Bryan Dairy Rd
CITY-ST-ZIP	LARGO FL 34647	1.4 CITY-ST-ZIP	Largo FL
TITLE	DP ☐ DELETE	2.1 TITLE	D,P,COB,CEO ☒ Change ☐ Addition
NAME	NEWMAN, FRANCIS A	2.2 NAME	Newman, Francis A.
STREET ADDRESS	8333 BRYAN DAIRY RD	2.3 STREET ADDRESS	8333 Bryan Dairy Rd
CITY-ST-ZIP	LARGO FL 34647	2.4 CITY-ST-ZIP	Largo FL
TITLE	DVS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTO, JAMES M	3.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TURLEY, STEWART	4.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	4.4 CITY-ST-ZIP	
TITLE	VPT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GLADYSZ, MARTIN W	5.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	5.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, EDWARD W	6.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: [illegible] — 4/2/97 — 813-399-4550