

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 Mailing Address
**C/O CORP. TAX DEPT.
8333 BRYAN DAIRY RD
LARGO FL 34647**

3. Date Incorporated or Qualified **09/16/1993** 3a. Date of Last Report **04/03/1996**
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. 190.032, Florida Statutes Yes No

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

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 Address **8333 BRYAN DAIRY RD**
83 **ATTN: RISK MANAGEMENT**
84 **LARGO FL 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* DATE **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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WRIGHT, SAMUEL G	
STREET ADDRESS	8333 BRYAN DAIRY RD.	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NEWMAN, FRANCIS A	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SANTO, JAMES M	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURLEY, STEWART	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GLADYSZ, MARTIN W	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLY, EDWARD W	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 34647	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wright, Samuel G.	
1.3 STREET ADDRESS	8333 Bryan Dairy Rd	
1.4 CITY-ST-ZIP	Largo FL	
2.1 TITLE	D,P, COB, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Newman, Francis A.	
2.3 STREET ADDRESS	8333 Bryan Dairy Rd	
2.4 CITY-ST-ZIP	Largo FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed, or on an attachment with an address.

SIGNATURE *Martin W Gladysz* DATE **4/14/97**

CR2E034 (9/96)