

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90177 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000064577

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 34647



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1993**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 2a. Mailing Address: 26 **P.O. Box 10001**  
 Suite, Apt. #, etc.: 27 **A2/1205**  
 City & State: 28 **DALLAS TX**  
 Zip: 29 **75301-1205** Country: 30 **US**

9. Name and Address of Current Registered Agent  
**HENDRICKS, LINDA**  
**8333 BRYAN DAIRY RD**  
**ATTN RISK MANAGEMENT**  
**LARGO FL 33777**

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 \_\_\_\_\_ 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	VPCF <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, SAMUEL G	1.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	DPCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, FRANCIS A	2.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 all other like empowered.

SIGNATURE: *[Signature]* **ROBERT S. MIZAN** *[Date]* **April 28, 1999** *[Phone]* **(727) 395-6000**

CR2E034 (1/1/98)