

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

FILED
Jun 02 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 # P95000045294 (2)
1. Corporation Name
U.S. MEDICAL DISTRIBUTORS, INC.



Principal Place of Business: 6640 PHILIPS HWY, 24, JACKSONVILLE FL 32256, US
Mailing Address: 6640 PHILIPS HWY, 24, JACKSONVILLE FL 32256-1209, US

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-sections for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/02/1995
3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-3322740
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
ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent's signature required when installing) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--------|
| TITLE | D | DELETE |
| NAME | KRAEMER, MARK | |
| STREET ADDRESS | 2795 VIA BAYA LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | D | DELETE |
| NAME | EDWARDS, ROBERT J JR | |
| STREET ADDRESS | 7855 COURTYARD RUN W | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | STEVE WESTON | DELETE |
| NAME | STEVE WESTON | |
| STREET ADDRESS | 2486 COMFORT | |
| CITY-ST-ZIP | W. BLOOMFIELD, MI 48323 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|-----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | Steve WESTON | TREASURER |
| 3.3 STREET ADDRESS | 2486 COMFORT | |
| 3.4 CITY-ST-ZIP | W. BLOOMFIELD, MI 48323 | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | 200002208612 | |
| 5.3 STREET ADDRESS | -06/11/97--01052--016 | |
| 5.4 CITY-ST-ZIP | ***165.00 | |
| 6.1 TITLE | Change | 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)(j), 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: _____ DATE: 6/30/97

CR2E034 (9/96)