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Apr 08 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 # P96000032372 (0)

1. Corporation Name
HEBAMED, INC.



Principal Place of Business Mailing Address
46 NORTH WASHINGTON BOULEVARD #1 SARASOTA FL 34236 46 NORTH WASHINGTON BOULEVARD #1 SARASOTA FL 34236-5977

3. Date Incorporated or Qualified 04/08/1996 3a. Date of Last Report N/A
4. FEI Number 65-0685269 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 X No

2. Principal Place of Business 2a. Mailing Address
21 1858 RINGLING BLVD. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 SARASOTA FL 28
24 34236 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
PATTERSON, JOHN 81 Name
46 NORTH WASHINGTON BOULEVARD #1 82 Street Address (P.O. Box Number Is Not Acceptable)
SARASOTA FL 34236 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 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 | 0 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATTERSON, JOHN | 1.2 NAME | |
| STREET ADDRESS | 46 NORTH WASHINGTON BOULEVARD #1 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL 34236 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | D, P |
| STREET ADDRESS | | 2.3 STREET ADDRESS | BARTEL, MICHAEL |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | 1858 RINGLING BLVD. |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | D, S, T |
| STREET ADDRESS | | 3.3 STREET ADDRESS | BARTEL, HEINKE |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | 1858 RINGLING BLVD. |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4/4/1997

Date

Daytime Phone #

CR2E034 (9/96)