

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # V04444 (8)
1. Corporation Name
HERRIS MEDICAL SYSTEMS, INC.



Principal Place of Business Mailing Address
**7376 TEMPLETON RD
PENSACOLA FL 32506
US** **7376 TEMPLETON RD
PENSACOLA FL 32506
US**

2. Principal Place of Business 2a. Mailing Address
21 **8991 Gerald Rd.** 26 **8991 Gerald Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Pensacola FL** 27 **Pensacola FL**
City & State City & State
23 **32507** 28 **32507** 30
Zip Country Zip Country

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3097654** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HERRIS, ANDREW T
7376 TEMPLETON ROAD
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8991 Gerald Road
83
84 City **Pensacola** FL 85 Zip Code **32507**

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 for applicable (8) (9) Registered Agent signature required when relevant

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERRIS, ANDREW T.	
STREET ADDRESS	7376 TEMPLETON RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	HERRIS, BRENDA S.	
STREET ADDRESS	7376 TEMPLETON RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8991 Gerald Rd.
1.4 CITY-ST-ZIP	Pensacola FL 32507
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8991 Gerald Rd.
2.4 CITY-ST-ZIP	Pensacola FL 32507
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brenda Herris* **BRENDA HERRIS** 4/28/96 904-457-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)

CR2E034 (12/95)