	Profit Poration Al Report			8. Morthan		Apr 25		
	1997			etary of State	IONS	Secre	etary of S	State
	MENT # { Name MEDICAL, INC		(7)					
ncipal Place 3 CEDAR STI TE 410 ETY HARBOF			Mailing Address 1183 CEDAR STREET SUITE 410 SAFETY HARBOR FL 3 US	4695-2908		3. Date Incorporated or Qualifi		
Principal Pla	ace of Business		2a. Mailing Address			05/03/1978 4. FEI Number	04/23/1996	pplied For
Suite, Apt. #.		2	Suite, Apt. #, etc.			59-1821867 5. Certificate of Status Desired	\$8 75	lot Applicabl Additional
City & State		2	City & State			6. Election Campaign Financin	Fee F	lequired May Be
Zip	Co	untry 2	Zip	Count	try	Trust Fund Contribution 8. This corporation has liability	Added	to Fees
	25 9. Name and A	ddress of Current Re	29 agistered Agent	30		Florida Statutes 10. Name and Address of New	Yes No	
	ECKER, HAL P CEDAR STREET			8	11 Name		,,,,, <u> </u>	
SAFE	ety harbor fl	34695						
			d 607.1508. Florida St	8	I3 I4 City ove-named cor	poration submits this statement for	FL	Code
Pursuant to office or re- agent. Lam GNATURE	o the provisions of gistered agent, or n familiar with, and			atutes, the abo as authorized I , Florida Statut	4 City we-named cor by the corpora tes.	rporation submits this statement for lation's board of directors. I hereby a	FL	
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