FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:50

DOCUMENT # 608979 (1)

1. Corporation Name
DEVICES FOR MEDICINE, INC.

Principal Place of Business	Mailing Address
ONE S. ORANGE AVE., STE 600 PO BOX 3791 ORLANDO FL 32802	ONE S. ORANGE AVE., STE 600 PO BOX 3791 ORLANDO FL 32802

(Document Number of Corporation)

3. Date of Incorporation: 01/31/1979
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 255 S. ORANGE AVE, STE 1401	26 255 S. ORANGE AVE, STE 1401
Suite, Apt. #, etc. 22 PO Box 3791	Suite, Apt. #, etc. 27 PO Box 3791
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32802 Country 25 U.S.	Zip 29 32802 Country 30 U.S.

4. FEI Number: 59-1878911 — 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 ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, HERBERT L. ONE S. ORANGE AVE., STE 600 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE., STE. 1401 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOTEN, COUNCIL JR.	1.2 NAME	
STREET ADDRESS	236 S LUCERNE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	ALLEN, HERBERT L	2.2 NAME	
STREET ADDRESS	ONE S ORANGE AVE #600	2.3 STREET ADDRESS	255 S. ORANGE AVE., STE 1401
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	PTD	3.1 TITLE	☑ Change ☐ Addition
NAME	LITTLEFORD, RUTH T.	3.2 NAME	RUTH T. LITTLEFORD-HANSON
STREET ADDRESS	251 SALVADOR SQ.	3.3 STREET ADDRESS	1607 ALOMA AVE
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VSD	4.1 TITLE	☑ Change ☐ Addition
NAME	LITTLEFORD, ELIZABETH H.	4.2 NAME	
STREET ADDRESS	251 SALVADOR SQ.	4.3 STREET ADDRESS	50 W. 9th St. #3C
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	NEW YORK NY 10011
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be effective for this purpose. 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 of changed, added or deleted with respect to my position.

SIGNATURE: Herbert Allen V.P 2/9/95 407/841-2330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0003675 CP