FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **608979** **(1)**

1. Corporation Name
DEVICES FOR MEDICINE, INC.

Principal Place of Business
255 S ORANGE AVE STE 1401
P O BOX 3791
ORLANDO FL 32802
US

Mailing Address
255 S ORANGE AVE STE 1401
P O BOX 3791
ORLANDO FL 32802
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 30 Country

3. Date Incorporated or Qualified: **01/31/1979**
3a. Date of Last Report: **02/14/1995**
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**
ALLEN, HERBERT L.
255 S ORANGE AVE STE 1401
ORLANDO FL 32801

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WOOTEN, COUNCIL JR.	
STREET ADDRESS	236 S LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	ALLEN, HERBERT L	
STREET ADDRESS	255 S ORANGE AVE STE 1401	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PTD	☐ DELETE
NAME	LITTLEFORD-HANSON, RUTH T	
STREET ADDRESS	1607 ALOMA AVEC	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VSD	☐ DELETE
NAME	LITTLEFORD, ELIZABETH H.	
STREET ADDRESS	50 W 9TH ST #3C	
CITY-ST-ZIP	NEW YORK NY	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(x), 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: Ruth T. Littleford-Hanson, President 2-4-96 839-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #