

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 # 681952 (8)

1. Corporation Name

BLAIR MEDICAL PRODUCTS, INC.



Principal Place of Business

5633 FIRST AVE. S.
ST. PETERSBURG FL 33707

Mailing Address

5633 FIRST AVE. S.
ST. PETERSBURG FL 33707

2. Principal Place of Business		2a. Mailing Address	
21 1615 PASADENA AVE. S.	26 1615 PASADENA AVE. S.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 460	27 SUITE 460		
City & State		City & State	
23 ST. PETERSBURG, FL	28 ST. PETERSBURG, FL		
Zip	Country	Zip	Country
24 33707	25 U.S.A.	29 33707	30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/13/1980	01/30/1995
4. FEI Number	Applied For
59-2031876	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLARKE, M.D. JOHN M.
5633 1ST AVE. S.
ST. PETERSBURG FL 33707

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1615 PASADENA AVE. S.
83	SUITE 460
84 City	ST. PETERSBURG FL
85 Zip Code	33707

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, JOHN M.	1.2 NAME	
STREET ADDRESS	5633 1ST AVE. S.	1.3 STREET ADDRESS	1615 PASADENA AVE. S. SUITE 460
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33707
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, KIT H	2.2 NAME	
STREET ADDRESS	5633 1ST AVE. S.	2.3 STREET ADDRESS	1615 PASADENA AVE. S. SUITE 460
CITY - ST - ZIP	ST. PETERSBURG, FL 00000	2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33707
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

Daytime Phone #

CR2E034 (12/95)