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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 843764 (2)

1. Corporation Name
MEDICAL ELECTRONICS DISTRIBUTORS, INC.

Principal Place of Business
3939 BROADWAY
KANSAS CITY MO 64111

Mailing Address
3939 BROADWAY
KANSAS CITY MO 64111-2516



3. Date Incorporated or Qualified 07/25/1979	3a. Date of Last Report 03/25/1996
4. FEI Number 43-1139824	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	LIPSKY, E.C.	1.2 NAME	
STREET ADDRESS	4903 W 87TH	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNE MISSION KS	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	LIPSKY, J.H.	2.2 NAME	
STREET ADDRESS	8224 ROSEWOOD LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	PRAIRIE VILLAGE KS	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	LIPSKY, MARJORIE P.	3.2 NAME	
STREET ADDRESS	4903 W 87TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	SINGER, JENIECE	4.2 NAME	
STREET ADDRESS	4921 W 87TH	4.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	MARTIN, CLAY	5.2 NAME	
STREET ADDRESS	L-401	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LOTAWANA MO	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

Clay Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 8169315361

Date: Daytime Phone:

CR2E034 (9/96)