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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F50502 (6)
1. Corporation Name
CAPSAN SURGICAL, INC.

Principal Place of Business
6012 WHITE HERON LANE
SANIBEL FL 33957

Mailing Address
6012 WHITE HERON LANE
SANIBEL FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/21/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2558082	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	
26 Country		29 Country		30 Country	
27 Country		29 Country		30 Country	
28 Country		29 Country		30 Country	
29 Country		29 Country		30 Country	
30 Country		29 Country		30 Country	

9. Name and Address of Current Registered Agent

MAUGHAN, JUDITH
6012 WHITE HERON LANE
SANIBEL FL 33957

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 *Judith Maughan* JUDITH MAUGHAN 1-28-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST MAUGHAN, JUDITH	1.1 TITLE	
NAME	6012 WHITE HERON LANE	1.2 NAME	
STREET ADDRESS	SANIBEL FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV SCHMIDT, FERENC DR	2.1 TITLE	
NAME	619 ROSE LANE	2.2 NAME	
STREET ADDRESS	BRYN MAWR PA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DP MAUGHAN, KEVIN P.	3.1 TITLE	
NAME	6012 WHITE HERON LN.	3.2 NAME	
STREET ADDRESS	SANIBEL FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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 *Kevin Maughan* KEVIN MAUGHAN 1-28-98 941-472-4823

CR2E034 (10/97)