

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000055 (5)

1. Corporation Name
CONTOUR MEDICAL, INC.



Principal Place of Business 3340 SHERER DRIVE NORTH SUITE B ST. PETERSBURG FL 33716	Mailing Address 3340 SHERER DRIVE NORTH SUITE B ST. PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3360 SCHERER DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. BOX 2070 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/30/1992	
22 City & State 23 ST. PETERSBURG, FL		27 City & State 28 ALPHARETTA, GA		4. FEI Number 77-0163521 Applied For Not Applicable	
24 33716 25 USA		29 30023 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 ST. PETERSBURG, FL		28 ALPHARETTA, GA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33716 25 USA		29 30023 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOX, DONALD F 3340 SCHERER DR ST. PETERSBURG FL 33716				10. Name and Address of New Registered Agent		
				81 Name C T Corporation System		
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
				83		
				84 City/Plantation Plantation	85 FL	86 33324

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 *Dale W. Morris* **Dale W. Morris, Asst. V. P.** **February 27, 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CP BROGOON, CHRIS	1.2 NAME	
STREET ADDRESS	6000 LAKE FOREST DR STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT FOX, DONALD F	2.2 NAME	
STREET ADDRESS	3340 SCHERER DR	2.3 STREET ADDRESS	6025 SHILOH ROAD, STE A
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S REES, PHILIP	3.2 NAME	
STREET ADDRESS	600 LAKE FOREST DR, STE 200	3.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TUCKER, DARREL	4.2 NAME	
STREET ADDRESS	6000 LAKE FOREST DR, STE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D EDWARD E. LANE
STREET ADDRESS		5.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	<input type="checkbox"/> DELETE	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 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: *Donald F. Fox* **DONALD F. FOX** **2/25/98** **770 886 2600**

CR2E084 (10/97)