

FILED

Mar 19 1998 8:00am
Secretary of State

1. Corporation Name
CONTOUR MEDICAL, INC.

Principal Place of Business	Mailing Address
3340 SHERER DRIVE NORTH SUITE B ST. PETERSBURG FL 33716	3340 SHERER DRIVE NORTH SUITE B ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	3360 SCHERER DRIVE	26	P. O. BOX 2070
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
City & State		City & State	
23	ST. PETERSBURG, FL	28	ALPHARETTA, GA
	Zip		Zip
24	33716	29	30023
	Country		Country
25	USA	30	USA

3. Date Incorporated or Qualified 10/30/1992			
4. FEI Number 77-0163521	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input 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 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			
01	Name	C T Corporation System	
02	Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road	
03			
04	City	Plantation	FL 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

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> DELETE
NAME	BROGOON, CHRIS	
STREET ADDRESS	6000 LAKE FOREST DR STE 200	
CITY - ST - ZIP	ATLANTA GA	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	FOX, DONALD F	
STREET ADDRESS	3940 SCHERER DR	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REES, PHILIP	
STREET ADDRESS	600 LAKE FOREST DR, STE 200	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, DARREL	
STREET ADDRESS	6000 LAKE FOREST DR, STE 200	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ATLANTA, GA 30328
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6025 SHILOH ROAD, STE A
2.4 CITY-ST-ZIP	ALPHARETTA, GA 30005
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
3.4 CITY-ST-ZIP	ATLANTA, GA 30328
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ATLANTA, GA 30328
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDWARD E. LANE
5.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
5.4 CITY-ST-ZIP	ATLANTA, GA 30328
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 2/25/98 770 886 2600

CP2E034 (10/97)