

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005016 (1)
 1. Corporation Name
MAINE SURGICAL SUPPLY CO.



Principal Place of Business P.O. BOX 1190 WESTBROOK ME 04092	Mailing Address P.O. BOX 1190 WESTBROOK ME 04096-1190
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/03/1993	3a. Date of Last Report 02/26/1996
4. FEI Number 01-0346940	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FISHER, WALTER
600-6 SUEMACK ROAD
JACKSONVILLE FL 32254

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 _____ Signature, typed or printed name of registered agent and title of applicant (Not Registered Agent signature required when reissuing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, WILLIAM G	1.2 NAME	
STREET ADDRESS	327 FORESIDE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FALMOUTH ME	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, ANN S	2.2 NAME	
STREET ADDRESS	327 FORESIDE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FALMOUTH ME	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON JR, WILLIAM G	3.2 NAME	
STREET ADDRESS	11 GAMBO ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDHAM ME	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULKERN, VICTORIA W	4.2 NAME	
STREET ADDRESS	3013 WINDHAM CENTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDHAM ME	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORST, THOMAS M	5.2 NAME	
STREET ADDRESS	5 JORDAN FARM ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE ELIZABETH ME	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, MARK B	6.2 NAME	
STREET ADDRESS	14 KELLY RAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FALMOUTH ME	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 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:  3/11/97 202-222-6591

CR2E034 (9/96)