

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 04092
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1993	
21	22	26	27	4. FEI Number 01-0346940	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	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				10. Name and Address of New Registered Agent			
FISHER, WALTER 600-6 SUEMACK ROAD JACKSONVILLE FL 32254				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDRON, WILLIAM G	1.2 NAME	David A. Nelson
STREET ADDRESS	327 FORESIDE ROAD	1.3 STREET ADDRESS	67 Long Meadow Dr.
CITY-ST-ZIP	FALMOUTH ME	1.4 CITY-ST-ZIP	Pittsburgh, PA 15238
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON JR, WILLIAM G	2.2 NAME	Thomas M. Forst
STREET ADDRESS	11 GAMBO ROAD	2.3 STREET ADDRESS	5 Jordan Farm Rd.
CITY-ST-ZIP	WINDHAM ME	2.4 CITY-ST-ZIP	Cape Elizabeth, ME 04107
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULKERN, VICTORIA W	3.2 NAME	John G. Rex-waller
STREET ADDRESS	3013 WINDHAM CENTER ROAD	3.3 STREET ADDRESS	217 Broadway
CITY-ST-ZIP	WINDHAM ME	3.4 CITY-ST-ZIP	Wilmette, IL 60091
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORST, THOMAS M	4.2 NAME	
STREET ADDRESS	5 JORDAN FARM ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE ELIZABETH ME	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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)(j), 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:  3/11/98

CF2E034 (10/97)