


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90034 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005016**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/03/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>01-0346940</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.. <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
85	Zip Code

**FL**

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		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, DAVID A	
STREET ADDRESS	67 LONG MEADOW DR	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REX-WALLER, JOHN G	
STREET ADDRESS	217 BROADWAY	
CITY-ST-ZIP	WILMETTE IL 60091	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORST, THOMAS M	
STREET ADDRESS	5 JORDAN FARM ROAD	
CITY-ST-ZIP	CAPE ELIZABETH ME 04107	
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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Julian	
1.3 STREET ADDRESS	8741 Landmark Rd	
1.4 CITY-ST-ZIP	Richmond, VA 23261	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas M. Forst	
2.3 STREET ADDRESS	5 Jordan Farm Rd	
2.4 CITY-ST-ZIP	Cape Elizabeth, ME 04107	
3.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nancy Miller	
3.3 STREET ADDRESS	One Post St	
3.4 CITY-ST-ZIP	San Francisco, CA 94104	
4.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nicholas A. Loiacono	
4.3 STREET ADDRESS	One Post St	
4.4 CITY-ST-ZIP	San Francisco, CA 94104	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Thomas M. Forst, President 2/10/99 (207) 772-6591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)