
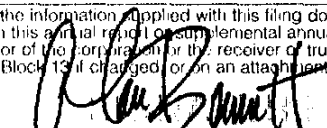


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000000306 (0)</b>					
<b>1. Corporation Name</b> <b>DS MEDICAL SUPPLY, INC.</b>					
<b>Principal Place of Business</b> SUITE 280 5600 OAKBROOK PARKWAY NORCROSS GA 30093			<b>Mailing Address</b> SUITE 280 5600 OAKBROOK PARKWAY NORCROSS GA 30093-1843		
<b>2. Principal Place of Business</b> 21 1725 Breckinridge Parkway Suite, Apt. #, etc. 22 Suite 500 City & State 23 Duluth, GA Zip 24 30136-7566		<b>2a. Mailing Address</b> 26 1725 Breckinridge Parkway Suite, Apt. #, etc. 27 Suite 500 City & State 28 Duluth, GA Zip 29 30136-7566		<b>3. Date Incorporated or Qualified</b> 01/21/1994 <b>3a. Date of Last Report</b> 01/26/1996 <b>4. FEI Number</b> 58-1967392 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					
<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE: PC <input type="checkbox"/> DELETE NAME: SIMS, ROGER D STREET ADDRESS: 5600 OAKBROOK PARKWAY, SUITE 280 CITY-ST-ZIP: NORCROSS GA 30093			1.1 TITLE: Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Sims, Roger D 1.3 STREET ADDRESS: 1725 Breckinridge Pkwy., Suite 500 1.4 CITY-ST-ZIP: Duluth, GA 30136-7566		
TITLE: S <input type="checkbox"/> DELETE NAME: SIMS, JEANNE STREET ADDRESS: 5600 OAKBROOK PARKWAY, SUITE 280 CITY-ST-ZIP: NORCROSS GA 30093			2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 1725 Breckinridge Parkway, Suite 500 2.4 CITY-ST-ZIP: Duluth, GA 30136-7566		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: President 3.3 STREET ADDRESS: 1725 Breckinridge Parkway, Suite 500 3.4 CITY-ST-ZIP: Duluth, GA 30136-7566		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:		
<b>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.</b>					
<b>SIGNATURE:</b>  <b>REQUIRED</b> Alan Bennett, President 1/21/97 770-638-0333 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (9/96)