

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

FILED

Apr 11 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 # **F94000003310 (9)**

1. Corporation Name

TREBAY MEDICAL CORPORATION



Principal Place of Business 4911 CREEKSIDE DR. STE. A CLEARWATER FL 34620	Mailing Address 4911 CREEKSIDE DR. STE. A CLEARWATER FL 34620-4026
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2. Principal Place of Business 21 6743 Southpoint Drive North Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32216		2a. Mailing Address 26 6743 Southpoint Drive North Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32216		3. Date Incorporated or Qualified 06/23/1994		3a. Date of Last Report 04/22/1996	
				4. FEI Number 59-3217157		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent TREACE, JAMES T 4911-A CREEKSIDE DR. CLEARWATER FL 34620				10. Name and Address of New Registered Agent 81 Name C. T. Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324			
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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

PETER F. SOUZA

Signature of registered agent and title (NOTE: Registered Agent signature required when reinstating)

3/19/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREACE, JAMES T			1.2 NAME			
STREET ADDRESS	4911-A CREEKSIDE DR.			1.3 STREET ADDRESS	6743 Southpoint Drive North		
CITY-ST-ZIP	CLEARWATER FL 34620			1.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYS, F B			2.2 NAME			
STREET ADDRESS	4911-A CREEKSIDE DR.			2.3 STREET ADDRESS	6743 Southpoint Drive North		
CITY-ST-ZIP	CLEARWATER FL 34620			2.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TSB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HULEN, JAMES R			3.2 NAME	Thomas E. Timbie		
STREET ADDRESS	4911-A CREEKSIDE DR.			3.3 STREET ADDRESS	6743 Southpoint Drive North		
CITY-ST-ZIP	CLEARWATER FL 3462			3.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRY, ROBERT			4.2 NAME			
STREET ADDRESS	1 FIRST UNION CENTER			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, JEFFREY H			5.2 NAME			
STREET ADDRESS	111 CENTER STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AK			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORGE, FRANK			6.2 NAME			
STREET ADDRESS	111 CENTER STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AK			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:

Thomas E. Timbie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/97 904-277-7525

CR2E034 (9/96)