

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

FILED
Jun 11 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 # F94000006235 (5)
 1. Corporation Name
~~SOUTHERN PLASMA CORP.~~ *Seramed, Inc*
DIBIA Southern Plasma Corp.

**This is same as Document # F97000004311 (3)*



Principal Place of Business *Please make note of this. See enclosed* Mailing Address
 471 W. TENNESSEE ST TALLAHASSEE FL 32301 US
 25 NORTH CASCADE STE 201 COLORADO SPRINGS CO 80903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt #, etc.	26	780 Park North Blvd	12/07/1994	
22	City & State	27	Suite 110	4. FEI Number	
23	Zip	28	Clarkston, GA	59-3200413-58-2142226	
24	Country	29	30021	Applied For	
		30	USA	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 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, STE 105
 TALLAHASSEE FL 32301

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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	PD	<input type="checkbox"/> DELETE
NAME	TENOSO, HAROLD J	
STREET ADDRESS	780 PARK NORTH BLVD., STE 110	
CITY-ST-ZIP	CLARKSTON GA 30021	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PLUMB, RUSSELL H	
STREET ADDRESS	780 PARK NORTH BLVD., STE 110	
CITY-ST-ZIP	CLARKSTON GA 30021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Chairman of the Board and Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President, Treasurer, CFO and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President and Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles P. Harrison	
3.3 STREET ADDRESS	780 Park North Blvd Ste 110	
3.4 CITY-ST-ZIP	Clarkston, GA 30021	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fi Jany Christine	
4.3 STREET ADDRESS	780 Park North Blvd Ste 110	
4.4 CITY-ST-ZIP	Clarkston, GA 30021	
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Peter Pizzo	
5.3 STREET ADDRESS	780 Park North Blvd Ste 110	
5.4 CITY-ST-ZIP	Clarkston, GA 30021	
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donna Ray	
6.3 STREET ADDRESS	780 Park North Blvd Ste 110	
6.4 CITY-ST-ZIP	Clarkston, GA 30021	

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

SIGNATURE _____

CR2E034 (10/97)