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Secretary of State

03-01-1999 90187 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000001811

1. Corporation Name
PRN MEDICAL, INC.



Principal Place of Business: 8119-37 ZIONSVILLE RD. INDIANAPOLIS IN 46268
 Mailing Address: 8119-37 ZIONSVILLE RD. INDIANAPOLIS IN 46268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1995**

4. FEI Number: **35-1942415** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing - Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25

2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent

TURNER, RICHARD W
10421 S.W. 89TH AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, RICHARD W	1.2 NAME
STREET ADDRESS	8351 ROCKVILLE RD.	1.3 STREET ADDRESS
CITY-ST-ZIP	INDIANAPOLIS IN 46234	1.4 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JULIE K	2.2 NAME
STREET ADDRESS	8351 ROCKVILLE RD.	2.3 STREET ADDRESS
CITY-ST-ZIP	INDIANAPOLIS IN 46234	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MLOTEK, MARK E.	3.2 NAME
STREET ADDRESS	135 DURYEA ROAD	3.3 STREET ADDRESS
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		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)(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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)