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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

F95000001819 (0) DOCUMENT # 1. Corporation Name

MANATEE MEDICAL PRODUCTS AND SERVICES, INC.

Principal Place of Business

Mailing Address

D.O. DOV 1630

FILED Apr 17 1997 8:00am Secretary of State



SUITE 200 CLEMMONS NC 27012			CLEMMONS NC 27012-1670						1 6 - D.	-41 5				
									3. 1	Date Incorporated or Qualified 04/14/1995	3a. Date 04/1	of Last F 6/199 (
2 Principal Ca	ace of Business		2a.	Mailing Address					4.	FEI Number			pplied For	
689 Deltona Blvd.				26 689 Deltona Blvd.						56-1588335		h	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required					
22				27					<u> </u>					
City & State			ļ	City & State					1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Deltona FL Zip Country			28							Trust Fund Contribution				
- Ζιμ 32 7 2		USA	ļ ₁	^{Ζφ} 32725		Country	์ บร			8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes				
₂₄ 3272		ddress of Curre	29		30					Florida Statutes Name and Address of New Re				
		duress of Curre	nt negra	stered when		81	Nar	ne	10.	Tracilo Bila Addition of Train The	giatorou Ag	-		
	ETZ, GALEN													
689 DELTONA BLVD Deltona Fl 32725					82 Street Add			et Addre	ddress (P.O. Box Number is Not Acceptable)					
	PIONA I P OFIE				•	83								
						84	City	,	<u> </u>		FL	85 Zip	Code	
44 6		Cantings COZ DE	02 and 6	207 1E09 Elorido Stat	tutoc th	o abou	2.000	ed corpo	oration	submite this statement for the	numose of ch	anging	its registered	
office or re agent. Lar	o me provisions or agistered agent, or m familiar with, and	both, in the State accept the oblig	e of Flori gations o	ida. Such change wa of, Section 607.0505,	is autho Florida	orized by Statute:	the	corporation	ion's b	n submits this statement for the oard of directors. I hereby acce	pt the appoir	ntment as	s registered	
SIGNATURE.	Signature, typind or printo	diname of registered as	eet and title	e if applicable (N	OTE: Reg	stered Ag	nt sign	ature require	ed when	reinstating) .	DATE			
12.		OFFICERS AT			·····	13.			A	DDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	RS IN 12	
TITLE	Р			DELETE	-	1.1 TITLE		S				Change	Addition	
NAME	HERZOG, L F)				1.2 NAME		Hu	tch	ins, Faye J				
STREET ADDRESS	689 DELTON	a BLVD			1	1.3 STREET	ADDRE	ss 601	00	Meadowbrook Ma	all #2	00		
CITY+ST-ZIP	DELTONA FL	32725				1.4 CITY-5	T-21P	C14	emm	ons, NC 27012	2			
TITLE	V			K DELETE		2.1 TITLE] Change	Addition	
NAME	COVELL, BRI	JCE JR.				2.2 NAME								
STREET ADORESS	6655 SW 7 S	T				2.3 STREE	AODRE	ss						
00Y-81-20°	MARGATE FL	. 33068				2 4 CITY-	ST-ZIP							
TILF	٧			⚠ DELETE		3.1 TITLE					L.	_ Change	Addition	
NAME	COVELL, BRI	JCE				3.2 NAME								
STREET ADDRESS	6655 S.W. 77	TH			- 1	3.3 STREE	ADDRI	SS						
CHY ST-ZP	MARGATE FL	. 33068				3.4. CITY-	S1-ZIP					-		
]HLF	AS			DELETE	I	4.1 TITLE					L	Change	Addition	
NAME	PAGE, JO AM	NN			ı	4. 2 NAME								
STREET ADDRESS	689 DELTON	a BLVD				4.3 STREE	ADDRI	ss						
CITY-ST-ZIP	DELTONA FL	. 32725				4.4 CITY -	ST-ZIP					-		
III.f	CCE0			DELETE		5.1 TITLE					L	Change	Addition	
NAMÉ	SWAIN, W. S				1	52 NAME								
STREET ADDRESS		T SQUARE CT	•			53 STREE	r addr	SS						
CITY - ST - ZIP	CLEMMONS	NC 27012				5.4 CITY-	ST - ZIP					 -		
TITLE	CFOT			DELETE		6.1 TITLE					L	Change	Addition	
NAME		, M. REBECCA				6.2 NAME		-						
STREET ADDRESS	**************************************	T SQUARE CT	•			6.3 STREE	T ADOR	ESS						
0/TY-\$1-7/P	CLEMMONS	NC 27012				6.4 CITY-			· · ·					
14 Ldo borok	an existify that the is	otormation cupril	od with t	this titing does not at	ralify for	r the ex	amati	nn stated	aR ni r	ction 119 07(3)(i). Florida Statut	es. I further d	ertity the	រ ស្រេ	

Too necess certary that the information supplied with this fining does not quality for the exemption stated in section (19.07), Florida Statutes, Further certain 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 13 if changed, or on an altachment with an address.