


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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000001819 (0) 1. Corporation Name MANATEE MEDICAL PRODUCTS AND SERVICES, INC.					
Principal Place of Business 6000 MARKET SQUARE CT. SUITE 200 CLEMMONS NC 27012			Mailing Address P.O. BOX 1670 CLEMMONS NC 27012-1670		
2. Principal Place of Business 21 689 Deltona Blvd. Suite, Apt. #, etc. 22 City & State 23 Deltona FL Zip Country 24 32725 25 USA		2a. Mailing Address 26 689 Deltona Blvd. Suite, Apt. #, etc. 27 City & State 28 Deltona FL Zip Country 29 32725 30 US		3. Date Incorporated or Qualified 04/14/1995	
				3a. Date of Last Report 04/16/1996	
				4. FEI Number 56-1588335	
				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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOETZ, GALEN 689 DELTONA BLVD DELTONA FL 32725			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	HERZOG, L P				
STREET ADDRESS	689 DELTONA BLVD				
CITY-ST-ZIP	DELTONA FL 32725				
TITLE	V <input checked="" type="checkbox"/> DELETE				
NAME	COVELL, BRUCE JR.				
STREET ADDRESS	6855 SW 7 ST				
CITY-ST-ZIP	MARGATE FL 33068				
TITLE	V <input checked="" type="checkbox"/> DELETE				
NAME	COVELL, BRUCE				
STREET ADDRESS	6855 S.W. 7TH				
CITY-ST-ZIP	MARGATE FL 33068				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	PAGE, JO ANN				
STREET ADDRESS	689 DELTONA BLVD				
CITY-ST-ZIP	DELTONA FL 32725				
TITLE	CCEO <input type="checkbox"/> DELETE				
NAME	SWAIN, W. STEWART				
STREET ADDRESS	6000 MARKET SQUARE CT.				
CITY-ST-ZIP	CLEMMONS NC 27012				
TITLE	CFOT <input type="checkbox"/> DELETE				
NAME	MUENCHOW, M. REBECCA				
STREET ADDRESS	6000 MARKET SQUARE CT.				
CITY-ST-ZIP	CLEMMONS NC 27012				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	Hutchins, Faye J				
1.3 STREET ADDRESS	6000 Meadowbrook Mall #200				
1.4 CITY-ST-ZIP	Clemmons, NC 27012				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 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					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 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					



SIGNATURE: *H. Herzog*

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

407-860-0689

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CR2E034 (9/96)