

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

FILED
May 12 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 # F96000005029 (1)

1. Corporation Name
INTEGRA MEDICAL TECHNOLOGIES, INC.



Principal Place of Business
100 N. BISCAYNE BLVD., #601
MIAMI FL 33132

Mailing Address
100 N. BISCAYNE BLVD., #601
MIAMI FL 33132-2344

3. Date Incorporated or Qualified 10/01/1996	3a. Date of Last Report _____
4. FEI Number 59-3396156	Applied For <input checked="" type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MARTIN, GREGORY A
100 N. BISCAYNE BLVD., #601
MIAMI FL 33132

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	11 TITLE	CHAIRMAN/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, RICHARD	12 NAME	RICHARD P. CARSON
STREET ADDRESS	400 KENSINGTON AVE., #108	13 STREET ADDRESS	427 M.J. STEPHAN
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA H3Y-3A2	14 CITY-ST-ZIP	WESTMOUNT AVE. H3Y 2X8
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	DELETE NO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITCHER, BRUCE	22 NAME	LONGER AN OFFICER
STREET ADDRESS	611 DRUID RD., #109	23 STREET ADDRESS	OF THE COMPANY
CITY-ST-ZIP	CLEARWATER FL 34616	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	PRESIDENT/SECT. MGMT. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STAN	32 NAME	STANLEY C. SMITH
STREET ADDRESS	555 RENE LEVESQUE BLVD., W., #1520	33 STREET ADDRESS	610 100 N. BISCAYNE BLVD., #601
CITY-ST-ZIP	MONTREAL QUEBEC CANADA H2Z-1B1	34 CITY-ST-ZIP	MIAMI FL. 33132
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

Stanley C. Smith April 21, 1997 954 9387936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)