

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90012 030 \*\*\*550.00

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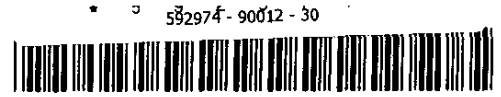
PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000004413

1. Corporation Name  
 LORS MEDICAL CORPORATION



Principal Place of Business: 544 JULIAN ALLISBOOKE ROANOKE RAPIDS NC 27870  
 Mailing Address: 544 JULIAN ALLISBOOKE ROANOKE RAPIDS NC 27870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		08/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				56-1238538	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		30. Country		8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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	CP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LYNCH, DONALD R			1.2 NAME			
STREET ADDRESS	544 J.R. ALLSBROOKE ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROANOKE RAPIDS NC 27870			1.4 CITY-ST-ZIP			
TITLE	W	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEATON, PAUL W			2.2 NAME			
STREET ADDRESS	544 J.R. ALLSBROOKE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROANOKE RAPIDS NC 27870			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LYNCH, LISA M			3.2 NAME			
STREET ADDRESS	544 J.R. ALLSBROOKE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROANOKE RAPIDS NC 27870			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCLEAN, RICHARD			4.2 NAME			
STREET ADDRESS	FIRST UNION TOWER			4.3 STREET ADDRESS			
CITY-ST-ZIP	GREENSBORO NC 21962			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MYERS, RUSSELL			5.2 NAME			
STREET ADDRESS	FIRST UNION TOWER			5.3 STREET ADDRESS			
CITY-ST-ZIP	GREENSBORO NC 21962			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOEHM, DOROTHY A			6.2 NAME			
STREET ADDRESS	544 JULIAN ALLSBROOKE ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	ROANOKE NC 27870			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.

SIGNATURE: *Dorothy Boehm, Treasurer* 7-13-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)