

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G11135 (2)**
1. Corporation Name
OSCOR MEDICAL CORPORATION



Principal Place of Business: **3816 DE SOTO BLVD. P.O. BOX 459 PALM HARBOR FL 34682-7459**
Mailing Address: **3816 DE SOTO BLVD. P.O. BOX 459 PALM HARBOR FL 34682-7459**

3. Date Incorporated or Qualified: **11/30/1982**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2276224**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26** Legal Dept. **SULZERmedica USA Inc.**
Suite, Apt. #, etc.: **27** 4000 Technology Dr.
City & State: **28** Angleton TX
Zip: **29** 77515
Country: **30** U.S.A.

9. Name and Address of Current Registered Agent
DELVECCHIO, JOSEPH
3816 DE SOTO BLVD.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name: **C.T Corporation**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. Pine Island Road**
84 City: **Plantation** FL 85 Zip Code: **33324**

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: *Tanya M. Villar* **TANYA M. VILLAR** SPECIAL ASSISTANT SECRETARY DATE: **4-29-96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELVECCHIO, JOSEPH	
STREET ADDRESS	3816 DESOTO BLVD.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OSYPKA, DR. PETER	
STREET ADDRESS	GOTTLIEB-DAIMLER-STR.5	
CITY-ST-ZIP	D-79618 RHEINFELDEN GE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	Director & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	John Garcia	
2 3 STREET ADDRESS	4000 Technology Drive	
2 4 CITY-ST-ZIP	Angleton, Texas 77515	
3 1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 2 NAME	Peter G. Dorflinger	
3 3 STREET ADDRESS	4000 Technology Drive	
3 4 CITY-ST-ZIP	Angleton, Texas 77515	
4 1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	Nicholas A. Loiacono	
4 3 STREET ADDRESS	4000 Technology Drive	
4 4 CITY-ST-ZIP	Angleton, Texas 77515	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph L. DelVecchio* **Joseph L. DelVecchio, Vice President** Date: **4/15/96** (813) 937-2511

CR2E034 (12/95)