

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

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G11135 (2)**  
 1. Corporation Name  
**OSCOR MEDICAL CORPORATION**



Principal Place of Business <b>3818 DE SOTO BLVD.                  P.O. BOX 459                  PALM HARBOR FL 34682-7459</b>	Mailing Address <b>SULZERMEDICA USA INC. LEGAL DEPT.                  4000 TECHNOLOGY DR.                  ANGLETON TX 77515-2523                  US</b>
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<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	<b>3.</b> Date Incorporated or Qualified <b>11/30/1982</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>59-2276224</b>		Applied For Not Applicable	
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP DELVECCHIO, JOSEPH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3818 DESOTO BLVD.	1.2 NAME	
STREET ADDRESS	PALM HARBOR FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP GARCIA, JOHN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 TECHNOLOGY DRIVE	2.2 NAME	
STREET ADDRESS	ANGLETON TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S DORFLINGER, PETER G	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 TECHNOLOGY DRIVE	3.2 NAME	
STREET ADDRESS	ANGLETON TX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T LOIACONO, NICHOLAS A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 TECHNOLOGY DRIVE	4.2 NAME	
STREET ADDRESS	ANGLETON TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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** \_\_\_\_\_ **Nicholas A. Loiacono, Secretary/Treasurer, April 14, 1997, 409/848-6115**

CR2E034 (9/96)