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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G47956

(9)

JANUS MEDICAL, INC.

Principal Place of Business

Mailing Address

1000 49TH STREET S. ST. PETERSBURG FL 33707 1000 49TH STREET S. ST. PETERSBURG FL 33707-363

FILED May 02 1997 8:00am Secretary of State



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					3. Date Incorporated or Qualified 07/08/1983		e of Last R 3/1996	eporl
2. Principal Place of Business 21 4634 CONAFF/M AR.	26. Mailing Address				4. FEI Number 59-2325238			oplied For of Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1 1 = 1 - 1 9 1 1 -			5. Certificate of Status Desired		7	Additional equired
City & State	City & State	City & State 28 TAMOA . FC			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 2/ 2 Country,	Z(p) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		igntry.	<u></u>	8. This corporation has liability for i	intarigible t	tax under s	
24 316 4 25 HillSD070 9. Name and Address of Curr	29 5 5624	30 /	4./15	Doro	Florida Statutes 10. Name and Address of New Reg	Yes [
BAUMANN, PHILLIP A.	ent neglatarea Agent		81	Name	10. Name and Address of Non He	giatered A	gent	
100 NO TAMPA STR			100					
STE 1900			82 Street Addre		ress (P.O. Box Number is Not Acceptab	ole)		
TAMPA FL 33602								
			84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0	0502 and 007 1508 Upride State	uton the f	above i	named corr	poration submits this statement for the p	FL	abanaina i	te ragiotared
office or registered agent, or both, in the Sta	ale of Florida. Such change was	s authorize	ed by t	he corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appo	ointment as	registered
agent. I am familiar with, and accept the ob	ligations of, Section 607.0505, F	-iorida Sta -Vi	autes.					
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable (NC			s onalure reoui	ired when reinstating)	DATE		
		эт нерече	co Ağent	- 3				
	AND DIRECTORS	лт недене 13 ,			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE PD	AND DIRECTORS	13,	TITLE		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR Change	
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TITLE PD WATERS, CHIP STREET ADDRESS CITY-ST-ZIP TAMPA FL	AND DIRECTORS DELFTE	13. 1.1.1 1.2.M 1.3.5 1.4.0	TITLE NAME STREET AL	DORESS	ADDITIONS/CHANGES TO OFFIC	CERS AND	Change	Addition
TITLE PD WATERS, CHIP WATERS, CHIP 4634 LONGFELLOW AVE. TAMPA FL TITLE	AND DIRECTORS	13, 1.11 1.21 1.35 1.4(2.11	TITLE NAME STREET AT CITY ST-	DORESS	ADDITIONS/CHANGES TO OFFIC	CERS AND		Addition
TITLE PD WATERS, CHIP WATERS, CHIP 4634 LONGFELLOW AVE. TAMPA FL TITLE NAME	AND DIRECTORS DELFTE	13. 1.11 1.2M 1.3.8 1.4.6 2.11 2.2 M	TITLE NAME STREET AL	DORESS ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND	Change	Addition
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