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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name G61540 (2)

SIGNATURE: SIGNATURE and When Of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COOPER & COOPER MEDICAL DEVELOPERS INCORPORATED								
Principal Place	of Business	Mailing Address			- I FOOTIN ODIO DINOLIUEEL UNIL DION	i Bibli Gligit gigit ar	8/1 0 18/1 01011 61641 H	HI
561 GREENWAY DRIVE NORTH PALM BEACH FL 33408		561 GREENWAY DRIVE NORTH PALM BEACH FL 33408						
					3. Date Incorporated or Qualified 09/28/1983	3a. Date of 03/1	Last Report 0/1995	
2. Principal Pia ⊐	ace of Business	2a. Mailing Address			4. FEI Number		Applied Fo	
U Suite, Apt. ≢	# otc	Suite, Apt. #, etc.			59-2341452		Not Applica 8.75 Additions	
2	T, Gitt.	27			5. Certificate of Status Desired		Fee Required	aı
City & State	;	City & State			6. Election Campaign Financing		\$5.00 May Be	 3
3	·	28			Trust Fund Contribution	<u> </u>	Added to Fees	
Zip al	Country	Zip 29	Country		8. This corporation has liability for Florida Statutes Yes	intangible tax u No	nders 199.032,	
4]	9. Name and Address of Curre		[30]		10. Name and Address of New F	-	ent	
			81	Name	10)	108.0		
COOPER	r, richard g.		82	Straat Addra	ss (P.O. Box Number is Not Acceptat	sla\		
	ENWAY DR.		52	Street Addition	28 (F.O. DOX HUITIDO: 10 1401 FICOOPTUI	ле <i>і</i> 		_
	BCH. FL 33408		83					
			84	City		[8	35 Zip Code	
	to a common mark of the demonstration of the desired of the desire					FL		
or registers	o the provisions of Sections 607.050; ed agent, or both, in the State of Flori in, and accept the obligations of, Sec	rida. Such change was a uthoriz	zed by the corpor	ration's board	ition submits this statement for the purific directors. I hereby accept the app	rpose of changi ointment as reg	ng its registered o pistered agent. I ar	office m
tarini.a. wit								
SIGNATURE								
SIGNATURE _	Supporting typed or printed name of registered agen		OTE: Registered Agent s	signature required i		DATE	DECTODE IN 12	
SIGNATURF	OFFICERS AN	ND DIRECTORS	13.	signature required i	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DI		ion
SIGNATURE _	OFFICERS AN		13. 1 1 TITLE	signature required i		ICERS AND DI	RECTORS IN 12 Change	tion
SIGNATURE _ 12. HILF NAME	OFFICERS AN	ND DIRECTORS	13. 1 1 TITLE 1.2 NAME			ICERS AND DI		lion
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3/7/96 (407)689-0872