

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

FILED
Jun 27 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K43737 (1)
 1. Corporation Name
MEDICAL DEVICE SYSTEMS, INC.



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| Principal Place of Business 212 E. PARK ST. AUBURNDALE FL 33823 | Mailing Address 212 E. PARK ST. AUBURNDALE FL 33823-3409 |
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|--------------------------------|----|-------------------------|----|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/07/1988 | 3a. Date of Last Report 04/26/1996 |
| 21 | 22 | 23 | 24 | 4. FEI Number 59-2955502 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | | 25. Country | | 29. Zip | |
| 26. Country | | 30. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|-------------------------------|--------------|-----------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MURPHY, RONALD T. 4740 CLEVELAND HIGHTS BLVD LAKELAND FL 33807 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | 5015 S. Florida Avenue | | |
| | | | | 83. Suite # | Suite # 310 | | |
| | | | | 84. City | Lakeland | 85. Zip Code | FL 33813 |

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 appl.cable) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEEDS, CHARLES DAVID | 1.2 NAME | Deeds, Charles David |
| STREET ADDRESS | 2009 SHORELAND DR | 1.3 STREET ADDRESS | 2009 Shoreland Drive |
| CITY-ST-ZIP | AUBURNDALE FL | 1.4 CITY-ST-ZIP | Auburndale, FL 33823 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORRADO, PAT | 2.2 NAME | |
| STREET ADDRESS | 497 79TH ST S. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIX, DONALD A. | 3.2 NAME | |
| STREET ADDRESS | 146 OLD NICHOLS CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | AUBURNDALE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WHITE, CARMEN K. | 4.2 NAME | S Deeds, Daniel W. |
| STREET ADDRESS | 4319 MAHOGANY RUN SE | 4.3 STREET ADDRESS | 707 Great Barford Street |
| CITY-ST-ZIP | WINTER HAVEN FL | 4.4 CITY-ST-ZIP | Auburndale, FL 33823 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, RONALD A. | 5.2 NAME | |
| STREET ADDRESS | 1223 CYPRESS POINT EAST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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, changed, or on an attachment with an address.

CR2E034 (9/96)