

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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.



Principal Place of Business 212 E. PARK ST. AUBURNDALE FL 33823 4800 95TH STREET NORTH ST. PETERSBURG, FL 33708-3726	Mailing Address 212 E. PARK ST. AUBURNDALE FL 33823 SAME
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/07/1988	
4. FEI Number 59-2955502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MURPHY, RONALD T.
 5615 S. FLORIDA AVE
 SUITE 310
 LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name Fred Sattes	
82 Street Address (P.O. Box Number is Not Acceptable) 1021 Guisando de Avila	
83	
84 City Tampa	85 Zip Code FL 33613

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]* **FRED SATTES, PRESIDENT** DATE: **5-22-98**

12. OFFICERS AND DIRECTORS

TITLE	DEEDS, CHARLES DAVID	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	2009 SHORELAND DR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	CORRADO, PAT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	807 79TH ST S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SIX, DONALD A.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	146 OLD NICHOLS CIRCLE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	DEEDS, DANIEL W	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	707 GREAT BARFORD STREET	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sattes Fred	
1.3 STREET ADDRESS	1021 Guisando De Avila	
1.4 CITY-ST-ZIP	Tampa, FL 33613	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. Park Newton, III	
2.3 STREET ADDRESS	2525-C Bayshore Blvd.	
2.4 CITY-ST-ZIP	Tampa, FL 33629	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *[Signature]* **FRED SATTES JR / PRESIDENT 3-24-98 (813) 961 9749**

CR2E034 (10/97)