


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90017 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K43737

1. Corporation Name
MEDICAL DEVICE SYSTEMS, INC.



Principal Place of Business 4800 95TH STREET NORTH ST PETERSBURG FL 33708-3726 US	Mailing Address 4800 95TH STREET NORTH ST PETERSBURG FL 33708-3726 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13240 McCORMICK DR.		2a. Mailing Address 26 13240 McCORMICK DR		3. Date Incorporated or Qualified 11/07/1988	
Suite, Apt. #, etc. 22 TAMPA FL		Suite, Apt. #, etc. 27		4. FEI Number 59-2955502	
City & State 23 TAMPA, FL		City & State 28 TAMPA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33626		Country 25 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SATTES, FRED
1021. GUI SANDO DE AVILA
SUITE 310
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTES, FRED	1.2 NAME	FRED SATTES
STREET ADDRESS	1021 GUI SANDO DE AVILA	1.3 STREET ADDRESS	1021 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, III R PARK	2.2 NAME	R PARK NEWTON, III
STREET ADDRESS	2525-C BAYSHORE BLVD	2.3 STREET ADDRESS	2525 C BAYSHORE BLVD
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	FARRY CAREY, MD
STREET ADDRESS		3.3 STREET ADDRESS	809 WOODLYN DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PAUL SIRLEY, MD
STREET ADDRESS		4.3 STREET ADDRESS	4145 SW 20th AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GEORGE R. LUCAS
STREET ADDRESS		5.3 STREET ADDRESS	2628 2nd COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: George R. Lucas (GEORGE R. LUCAS) 1/18/99 813-855-8550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1998)