


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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K43737</b> 1. Corporation Name <b>MEDICAL DEVICE SYSTEMS, INC.</b>			
Principal Place of Business <b>4800 95TH STREET NORTH</b> <b>ST PETERSBURG FL 33708-3726</b> <b>US</b>		Mailing Address <b>4800 95TH STREET NORTH</b> <b>ST PETERSBURG FL 33708-3726</b> <b>US</b>	
2. Principal Place of Business 21 <b>13240 McCORMICK DR.</b> Suite, Apt. #, etc. 22 <b>TAMPA FL</b> City & State 23 <b>33626 TAMPA, FL</b> Zip Country 24 <b>33626</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>13240 McCORMICK DR.</b> Suite, Apt. #, etc. 27 <b>TAMPA, FL</b> City & State 28 <b>TAMPA, FL</b> Zip Country 29 <b>33626</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>11/07/1988</b>		4. FEI Number <b>59-2955502</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 <b>SATTES, FRED</b> <b>1021. GUI SANDO DE AVILA</b> <b>SUITE 310</b> <b>TAMPA FL 33613</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SATTES, FRED		
STREET ADDRESS	1021 GUI SANDO DE AVILA		
CITY-ST-ZIP	TAMPA FL 33613		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	NEWTON, III R PARK		
STREET ADDRESS	2525-C BAYSHORE BLVD		
CITY-ST-ZIP	TAMPA FL 33629		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	FRED SATTES		
1.3 STREET ADDRESS	1021 GUI SANDO DE AVILA		
1.4 CITY-ST-ZIP	TAMPA, FL 33613		
2.1 TITLE	S/D <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	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	FARRY CAREY, MD		
3.3 STREET ADDRESS	809 WOODLYN DR.		
3.4 CITY-ST-ZIP	TAMPA, FL 33609		
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	PAUL SIRLEY, MD		
4.3 STREET ADDRESS	4145 SW 20th AVE		
4.4 CITY-ST-ZIP	OCALA, FL 34474		
5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME	GEORGE R. LUCAS		
5.3 STREET ADDRESS	2628 2nd COURT		
5.4 CITY-ST-ZIP	PALM HARBOR FL 34684		
6.1 TITLE			
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

(GEORGE R. LUCAS)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 813-855-8550  
Date Daytime Phone #

CR2E034 (11/98)