SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K52024 (2)

1. Corporation Name

TRI-CITY MEDICAL CORPORATION

Principal Place of Business
15301 ROOSEVELT BLVD. SUITE 301
CLEARWATER FL 34620

Mailing Address
15301 ROOSEVELT BLVD
STE 301
CLEARWATER FL 34620
US

3. Date Incorporated or Qualified: 12/16/1988
3a. Date of Last Report: 06/01/1995
4. FEI Number: 59-2920893 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 455 N. Indian Rocks Rd.
Suite, Apt #, etc.
22
City & State
23 Belleair Bluffs, FL
24 Zip 33770
25 Country Pinellas

2a. Mailing Address
26 455 N. Indian Rocks Rd.
Suite, Apt #, etc.
27
City & State
28 Belleair Bluffs, FL
29 Zip 33770
30 Country Pinellas

9. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G. JR., PA
655 ULMERTON ROAD
SUITE 4-A
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	JOHNDROW, HAROLD, JR.	15301 ROOSEVELT BLVD.	CLEARWATER FL	[ ]
DP	BARODY, MICHAEL A.	455 N. INDAIN ROCKS RD.	BELLEAIR,F L.	[ ]
DVT	BUCKLES, WILLIAM G., JR.	455 N. INDIAN ROCKS RD.	BELLEAIR FL	[ ]
D	VELTMAN, GREG	455 N. INDIAN ROCKS RD.	BELLEARI FL	[ ]
DS	LANDT, TIM	15301 ROOSEVELT BLVD.	CLEARWATER FL	[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	D	Johndrow, Harold, Jr.	455 N. Indian Rocks Rd.	Belleair Bluffs, FL 33770	[X]	[ ]
2	D/VP/S	Barody, Michael A.	455 N. Indian Rocks Rd.	Belleair Bluffs, FL 33770	[X]	[ ]
3	D/P/VP/TR	Buckles, William G, Jr.	455 N. Indian Rocks Rd.	Belleair Bluffs, FL 33770	[X]	[ ]
4					[ ]	[ ]
5	D/VP	Landt, Timothy L.	455 N. Indian Rocks Rd.	Belleair Bluffs, FL 33770	[X]	[ ]
6					[ ]	[ ]

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6.20.96 Daytime Phone #: 813/585-6333