

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3: 06

DOCUMENT # K56643 (5)

1. Corporation Name
KALT MEDICAL CORPORATION

Principal Place of Business KALT, GLENDA 7676 COURTYARD RUN W BOCA RATON FL 33433 US	Mailing Address KALT, GLENDA 7676 COURTYARD RUN W BOCA RATON FL 33433 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/09/1989	3a. Date of Last Report 01/24/1994
4. FEI Number 65-0102427	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 has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WALSER, THOMAS C.
7015 BERACASA WAY
STE 201
BOCA RATON FL 33433**

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 signing required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KALT, GLENDA
STREET ADDRESS	7676 COURTYARD RUN WEST
CITY - ST - ZIP	BOCA RATON FL
TITLE	DTS
NAME	PEARCE, PERRY
STREET ADDRESS	22082 MONTOYA DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	YATES, RONALD S.
STREET ADDRESS	5030 CHAMPION BLVD.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	PEARCE, DESIREE
STREET ADDRESS	5568 FOX HOLLOW DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	WALSER, THOMAS C
STREET ADDRESS	7015 BERACASA WAY, SUITE #204
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenda Kalt (Glenda Kalt) 1/29/95 407-393-0389
MANUAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR