

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

FILED

Feb 05 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K87550

(5)

1. Corporation Name
EXACTMED, INC.Principal Place of Business
C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324Mailing Address
56 EXCHANGE TERR
PROVIDENCE RI 02903-1772
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1989	3a. Date of Last Report 07/30/1996
21		26	c/o Cameron & Mittelman	4. FEI Number 58-1844543	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	56 Exchange Terrace	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Providence, RI	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	02903
30	Providence	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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

(Signature, type or print name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P
NAME	SCHAFFER, JOHN	1.2 NAME	Paul J. Kervick
STREET ADDRESS	5 HAWTHORNE RD.	1.3 STREET ADDRESS	11 Old Colony Rd.
CITY-ST-ZIP	HOLDEN MA	1.4 CITY-ST-ZIP	Worcester, MA 01609
TITLE	D	2.1 TITLE	D, T
NAME	KEISLING, PAUL	2.2 NAME	Joseph S. Dynof
STREET ADDRESS	485 LINDEN ST.	2.3 STREET ADDRESS	29 Crest Dr.
CITY-ST-ZIP	BOYLSTON MA	2.4 CITY-ST-ZIP	No. Kingstown, RI 02852
TITLE	D	3.1 TITLE	VP, D
NAME	KERVICK, ROBERT B.	3.2 NAME	Robert B. Kervick
STREET ADDRESS	29 WESTWOOD DR.	3.3 STREET ADDRESS	29 Westwood Dr.
CITY-ST-ZIP	WORCESTER MA	3.4 CITY-ST-ZIP	Worcester, MA 01609
TITLE	D	4.1 TITLE	S, D
NAME	EMMONS, DEBORAH S.	4.2 NAME	Deborah S. Emmons
STREET ADDRESS	8 HAWTHORNE RD.	4.3 STREET ADDRESS	8 Hawthorne Rd.
CITY-ST-ZIP	HOLDEN MA	4.4 CITY-ST-ZIP	Holden, MA
TITLE	D	5.1 TITLE	D, VP
NAME	BOOTH, RAYMOND F., JR.	5.2 NAME	Raymond F. Booth, Jr.
STREET ADDRESS	162 A BULLARD ST.	5.3 STREET ADDRESS	162 A Bullard St.
CITY-ST-ZIP	HOLDEN MA	5.4 CITY-ST-ZIP	Holden, MA
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 1997 508-853-4500

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