


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

FILED

Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90100 039 ***150.00

000117

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

DOCUMENT # **K87550**

1. Corporation Name
EXACTMED, INC.



Principal Place of Business C/O C T CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324	Mailing Address C/O CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE RI 02903 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified 05/11/1989	Applied For Not Applicable
4. FEI Number 58-1844543	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	PAUL J. KERVICK
STREET ADDRESS	11 OLD COLONY RD.
CITY-ST-ZIP	WORCESTER MA
TITLE	DT <input type="checkbox"/> DELETE
NAME	JOSEPH S. DYNOF
STREET ADDRESS	29 CREST DR.
CITY-ST-ZIP	NO. KINGSTOWN RI
TITLE	VPD <input type="checkbox"/> DELETE
NAME	KERVICK, ROBERT B.
STREET ADDRESS	29 WESTWOOD DR.
CITY-ST-ZIP	WORCESTER MA
TITLE	SD <input type="checkbox"/> DELETE
NAME	EMMONS, DEBORAH S.
STREET ADDRESS	8 HAWTHORNE RD.
CITY-ST-ZIP	HOLDEN MA
TITLE	DVP <input type="checkbox"/> DELETE
NAME	BOOTH, RAYMOND F., JR.
STREET ADDRESS	162 A BULLARD ST.
CITY-ST-ZIP	HOLDEN MA
TITLE	DVP <input type="checkbox"/> DELETE
NAME	KEISLING, PAUL
STREET ADDRESS	465 LINDEN ST
CITY-ST-ZIP	BOYLSTON MA

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Feb 2, 1999** Daytime Phone # **508-853-4500**

CR2E034 (1/98)