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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L45275 (9)

1. Corporation Name:
J P MEDICAL INC.

Principal Place of Business: 8325 BAY POINTE DRIVE 291 Madeira Circle SUITE 304 TAMPA FL 33615 US
Mailing Address: PO BOX 262532 TAMPA FL 33685-2532 US



2. Principal Place of Business: 21 291 Madeira Circle
Suite, Apt. #, etc.:
City & State: 22 Tierra Verde FL
Zip: 23 33715 Country: 24 USA

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2990472
Applied For: Not Applicable
5. Certificate of Status Desired: \$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

9. Name and Address of Current Registered Agent: MATUSIAK, JOHN P. 8325 BAY POINTE DRIVE 291 Madeira Circle UNIT 504 TAMPA FL 33616
Tierra Verde, FL 33715

10. Name and Address of New Registered Agent: 81 Name: Same John P. MATUSIAK
82 Street Address (P.O. Box Number is Not Acceptable):
83 291 Madeira Circle
84 City: Tierra Verde FL 85 Zip Code: 33715

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: John P. MATUSIAK Pres. JPMatusiak 2-27-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: P
NAME: MATUSIAK, JOHN P.
STREET ADDRESS: 8325 BAY POINTE DRIVE 291 Madeira Circle
CITY - ST - ZIP: TAMPA FL 33715
DELETE
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6.1 TITLE: Change 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 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: JPMatusiak John P. MATUSIAK 2-27-97 800-928-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)