FILE NOW: Fee after May 1, will be \$588.75

FILE N	OW: I	Fee after	r May	1,	will b	e \$	588.7	75 	_		APPRO	VED	
	ABILITY CO UAL REPOR 1997	AC 1.4		1	DA DEPAI Sandra I Secreta SION OF (B. Mor try of St	tham ate			97	FÎLÊÎ APR-4 A	Ó 0 :8 M	0
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000001107								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
GLOBAL MEDICAL DEVICES, LLC. 701 FISK STREET SUITE 200 JACKSONVILLE FL 32204								1a. Principal Place of Business Address 701 FISK STREET SULTE 200 /// JACKSONVILLE FL 32204					
2. Principal Place		in any way, line inro			Information and enter correction in Block 2a. ng Address				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc	·		Suite, Ap	nt # Atr	•				-	7/199	96	L	
1. ~				ite /11					4. FEI Number 59-340466/				Applied For Not Applicable
Zip	Count	ry	Zip			Country			5. Da	te of Last F	Report		ate of Status Desired
	7. Name and Ac	idress of Current	Registered	Agent			8. Name and Address of New Registered Agent Name						
RAX CO, C/O MAHONEY ADAMS & CRISER 50 NORTH LAURA STREET, 3400 BARNI JACKSONVILLE FL 32202				NETT	.			.О. Вох	(Number is Not Acceptable)				
							,				FL		
	ce or registered a ent, and accept t	igent, or both, in the								of a majorit			e purpose of changing coept the appointment
(Registered Agent Accepting Appointment) (NOTE Registered Age							Street Ad)			State and 2	Zin Code
7	GR EF GLOBAL, INC.			01	01 FISK STREE					ن 200			<u> </u>
							-				→04/09/ ******	/9701 38.75	3895 096001 *****38.75
										50I	04/409,	/970)	0895 1096002 ****165.00

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:	C. Band	E.V.P.	6.7	Farne	//	3-21-97	(904)35
	SIGNATURE AND TYPED OR PRINTED N	IAME OF SIGNING MA	NAGING MEMBE	ER OR MANAGER		Date	Daytime

INHSE 10 R(12-96)