


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company GLOBAL MEDICAL DEVICES, LLC. 701 FISK STREET SUITE 111 JACKSONVILLE FL 32204		DOCUMENT # L96000001107	
2. Principal Place of Business Suite, Apt. #, etc. Suite 200 City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. Suite 200 City & State Zip Country	
3. Date Organized or Qualified 10/17/1996		3a. State of Formation FL	
4. FEI Number 59-3404661		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/04/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent RAX CO, C/O MAHONEY ADAMS & CRISER 50 NORTH LAURA STREET, 3400 BARNETT JACKSONVILLE FL 32202		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3000002496953--4 Suite, Apt. #, etc. -04/22/98--01092--012 ***188.75 ***188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	EF GLOBAL, INC.	701 FISK STREET, SUITE 200	JACKSONVILLE FL
AL APR 20 1998			
11. 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 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: <u>C. J. Farnell</u> C. J. Farnell, EUP 4-13-98 904-355-6746			
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER			
Date			
Daytime Phone #			