

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

FILED

Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P13596 (2)**  
 1. Corporation Name  
**PERFUSION SERVICES OF BAXTER HEALTHCARE CORPORATION**



Principal Place of Business <b>16818 VIA DEL CAMPO CT. SAN DIEGO CA 92127</b>	Mailing Address <b>16818 VIA DEL CAMPO CT. SAN DIEGO CA 92127-1714</b>
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2. Principal Place of Business <b>21 San Diego, CA</b>		2a. Mailing Address <b>26 16818 Via del Campo Ct.</b>		3. Date Incorporated or Qualified <b>03/13/1987</b>	3a. Date of Last Report <b>01/30/1996</b>
Suite, Apt. #, etc. <b>22 16818, via del Campo Ct</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>25-1228645</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State <b>23 San Diego, CA</b>		City & State <b>28 San Diego, CA</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 92127</b>		Country <b>25 San Diego</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country <b>29 92127</b>		Country <b>30 San Diego</b>		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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	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]* (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	NAME	STREET ADDRESS
	CP	DUNAWAY, MICHAEL W.		president	R. King Nelson
		18075 POLVERA WAY			16818 via del Campo Court
		SAN DIEGO CA			San Diego, CA 92127
TITLE	NAME	STREET ADDRESS	2.1 TITLE	NAME	STREET ADDRESS
	T	KEBELY, MICHAEL D		VP / Controller	John T. Dahldorf
		16818 VIA DEL CAMPO COURT			16818 via del Campo Ct.
		SAN DIEGO CA			San Diego, CA 92127
TITLE	NAME	STREET ADDRESS	3.1 TITLE	NAME	STREET ADDRESS
	D	MCFARLIN, WHITNEY		VP	Jeffrey C. Crowley
		16818 VIA DEL CAMPO CT			16818 via del Campo Ct.
		SAN DIEGO CA			San Diego, CA 92127
TITLE	NAME	STREET ADDRESS	4.1 TITLE	NAME	STREET ADDRESS
	SD	DUNAWAY, TRUDY VINCENT		Secretary	Jay P. Wertheim
		18075 POLVERA WAY			16818 via del Campo Court
		SAN DIEGO CA			San Diego, CA 92127
TITLE	NAME	STREET ADDRESS	5.1 TITLE	NAME	STREET ADDRESS
	D	REES, LAVERNE			
		16818 VIA DEL CAMPO CT			
		SAN DIEGO CA			
TITLE	NAME	STREET ADDRESS	6.1 TITLE	NAME	STREET ADDRESS

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]* (b) (1) 485-5599

CR2E034 (9/96)