

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18868 (0)

1. Corporation Name
OXFORD MEDICAL, INC.

Principal Place of Business

11526 53RD ST N
CLEARWATER FL 34620
US

Mailing Address

11526 53RD ST N
CLEARWATER FL 34620
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7300 BRYAN DAIRY RD. 22 450 23 LARGO, FL 33777 24 33777 25 PINELLAS		2a. Mailing Address 26 3 CAMPUS DRIVE 27 28 PLEASANTVILLE, NJ 29 10570 30 WESTCHESTER		3. Date Incorporated or Qualified 04/18/1988	
		4. FEI Number 54-0958359		Applied For Not Applicable	
		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 or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WEEKS, BARBARA C/O OXFORD MEDICAL, INC. 11526 53RD ST. NORTH CLEARWATER FL 34620				10. Name and Address of New Registered Agent 81 Name WEEKS, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) 7300 BRYAN DAIRY ROAD 83 84 City LARGO FL 85 Zip Code 33777	

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: Barbara Weeks

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
T	WEEKS, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11526 53RD STREET N.		1.3 STREET ADDRESS	
CLEARWATER FL		1.4 CITY - ST - ZIP	
S	POLLOCK, JAMES	2.1 TITLE	2.2 NAME
ONE BEACON ST		2.3 STREET ADDRESS	
BOSTON MA		2.4 CITY - ST - ZIP	
D	LAMASON, MARTIN	3.1 TITLE	3.2 NAME
OSNEY MEAD, OXFORD OX2		3.3 STREET ADDRESS	
OOE, ENGLAND		3.4 CITY - ST - ZIP	
DPM	FROST, JACK M.	4.1 TITLE	4.2 NAME
2125 TANGLEWOOD WAY		4.3 STREET ADDRESS	
ST. PETERSBURG FL		4.4 CITY - ST - ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	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.

SIGNATURE: Barbara Weeks Treasurer 3/18/98 (813) 548-5505

CR2E034 (10/97)