

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:59

DOCUMENT # P30616 (7)

1. Corporation Name
V-C MEDICAL INC.

Principal Place of Business: **LAFAYETTE & MONROE STREETS P.O. BOX 1466 LIVINGTON AL 35470**

Mailing Address: **LAFAYETTE & MONROE STREETS P.O. BOX 1466 LIVINGTON AL 35470**

DO NOT WRITE IN THIS SPACE.

| | | | | | | | |
|---|---------|---------------------|---------|--|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 08/20/1990 | | 02/22/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 63-0930408 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 23 | | 28 | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when modifying)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAWFORD, R. BRYAN, III | 1.2 NAME | |
| STREET ADDRESS | 110 LAFAYETTE ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LIVINGSTON AL | 1.4 CITY - ST - ZIP | |
| TITLE | VSTD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, JOHNNY H. | 2.2 NAME | |
| STREET ADDRESS | 110 LAFAYETTE ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LIVINGSTON AL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally to the description stated in Sections 1, 10, 107, 108, 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 applicable, on an attachment with an address.

SIGNATURE: *R. Bryan Crawford III* Date: 2-6-95 (205)652-4152
R. Bryan Crawford III President