

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **08/20/1990**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **63-0930408**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **P.O. Box 1249**
2a. Mailing Address: **P.O. Box 1249**
22. City & State: **P.O. Box 1249**
23. Zip: **Country**
24. **Country**

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 FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CRAWFORD, R. BRYAN, III	11 TITLE:	12 NAME:
STREET ADDRESS: 110 LAFAYETTE ST	CITY-ST-ZIP: LIVINGSTON AL	13 STREET ADDRESS:	14 CITY-ST-ZIP:
TITLE: VSTD	NAME: BELL, JOHNNY H.	21 TITLE:	22 NAME:
STREET ADDRESS: 110 LAFAYETTE ST	CITY-ST-ZIP: LIVINGSTON AL	23 STREET ADDRESS:	24 CITY-ST-ZIP:
TITLE:	NAME:	31 TITLE:	32 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	33 STREET ADDRESS:	34 CITY-ST-ZIP:
TITLE:	NAME:	41 TITLE:	42 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	43 STREET ADDRESS:	44 CITY-ST-ZIP:
TITLE:	NAME:	51 TITLE:	52 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	53 STREET ADDRESS:	54 CITY-ST-ZIP:
TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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 change is on an attachment with an address.

SIGNATURE: *Roger Crawford Pres.* **2/8/96 205-652-6152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)