

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 # P32106 (7)

1. Corporation Name

ASSOCIATED MEDICAL PRODUCTS COMPANY



Principal Place of Business

Mailing Address

11140 BREN RD W
MINNETONKA MN 55343
US

11140 BREN RD W
MINNETONKA MN 55343
US

3. Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 04/20/1995
4. FEI Number 41-1286547	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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAGRAVES, STEVEN S.
1004 NORTH PENN AVE.
PLANT CITY FL 33586

81 Name CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
83
84 City Plantation
85 Zip Code 33324

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

Supan J. Wanner - Asst. Sec.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P <td>THARMERT, ROBERT C.<td>11140 BREN RD W MINNETONKA MN<td><td><input checked="" type="checkbox"/> DELETE<td>V/D<td>Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td></td></td></td></td>	THARMERT, ROBERT C. <td>11140 BREN RD W MINNETONKA MN<td><td><input checked="" type="checkbox"/> DELETE<td>V/D<td>Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td></td></td></td>	11140 BREN RD W MINNETONKA MN <td><td><input checked="" type="checkbox"/> DELETE<td>V/D<td>Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td></td></td>	<td><input checked="" type="checkbox"/> DELETE<td>V/D<td>Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td></td>	<input checked="" type="checkbox"/> DELETE <td>V/D<td>Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td>	V/D <td>Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td>	Tharmert, Robert C. 11140 Bren Road W. Minnetonka, MN 55343 <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(k), 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:

Jeffrey D. Kruger Jeffrey D. Kruger

2/13/96

612-935-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Time Phone #

CR2E034 (12/95)