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10/2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1997 AUG 11 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35907 (5)
1. Corporation Name
GEORGIA/ATLANTIC MEDICAL SUPPLY COMPANY, INC.



Principal Place of Business Mailing Address
ATLANTIC MEDICAL SUPPLY COMPANY ATLANTIC MEDICAL SUPPLY COMPANY
P.O. BOX 510 P.O. BOX 510
GROVETOWN GA 30813 GROVETOWN GA 30813-0510

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 P.O. Box 2070 27 P.O. Box 2070
23 City & State 28 City & State
ALPHARETTA, GA ALPHARETTA, GA
24 Zip 25 Country 29 Zip 30 Country
30023 USA 30023 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
10/14/1991 09/20/1996
4. FEI Number Applied For
58-1458679 Not Applicable
5. Certificate of Status Desired X \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME BROGDON, CHRIS
STREET ADDRESS 6000 LAKE FORREST DRIVE., #200
CITY-ST-ZIP ATLANTA GA 30328
TITLE S
NAME REES, PHILIP M
STREET ADDRESS 6000 LAKE FORREST DRIVE., #200
CITY-ST-ZIP ATLANTA GA 30328
TITLE TD
NAME TUCKER, DARRELL C
STREET ADDRESS 6000 LAKE FORREST DRIVE., #200
CITY-ST-ZIP ATLANTA GA 30328
TITLE D
NAME LANE, EDWARD E
STREET ADDRESS 6000 LAKE FORREST DRIVE., #200
CITY-ST-ZIP ATLANTA GA 30328
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT Change
1.2 NAME FOX, DONALD F.
1.3 STREET ADDRESS P.O. Box 2070 6025 SHILOH RD.
1.4 CITY-ST-ZIP ALPHARETTA, GA 30023 30005
2.1 TITLE DIRECTOR Change
2.2 NAME BROGDON, CHRIS
2.3 STREET ADDRESS 6000 LAKE FORREST DRIVE, SUITE 200
2.4 CITY-ST-ZIP ATLANTA, GA 30328
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE 200002270702 Change
4.2 NAME -08/19/97--01011--014
4.3 STREET ADDRESS ****165.00 ****165.00
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 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.

CR2E034 (9/96)

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CONTOUR MEDICAL, INC

July 17, 1997

Annual Reports Filing
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept this letter and application fee for our annual reports filing. I did not receive the application for filing until the first of June. Several circumstances have occurred during the year that caused us not to receive the original application on time. Contour Medical, Inc. acquired this company during the year and the office was moved to Atlanta. The address where the application was mailed was only a warehouse. The application was addressed to Chris Pence who is no longer with the company. I have been with the Company since the beginning of June and as you can see from the application have replaced Chris.

Due to the above, I have enclosed a check for \$165 for the filing fee. Please call me at 770-886-2741 if you have any questions. Thank you.

Sincerely,



Mark W. Partin
VP - Finance
Corporate Controller