

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business P.O. BOX 2070 ALPHARETTA GA 30023	Mailing Address P.O. BOX 2070 ALPHARETTA GA 30023
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 Sun Avenue, NE Suite, Apt. #, etc. 22 City & State 23 Albuquerque, NM 24 Zip 87109 25 Country USA		2a. Mailing Address 26 101 Sun Avenue, NE Suite, Apt. #, etc. 27 City & State 28 Albuquerque, NM 29 Zip 87109 30 Country USA		3. Date Incorporated or Qualified 10/14/1991 4. FEI Number 58-1458679 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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
**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 607.0502 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROGDON, CHRIS		1.2 NAME	Warren C. Schelling			
STREET ADDRESS	6000 LAKE FORREST DRIVE., #200		1.3 STREET ADDRESS	101 Sun Avenue, NE			
CITY-ST-ZIP	ATLANTA GA 30328		1.4 CITY-ST-ZIP	Albuquerque, NM 87109			
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REES, PHILIP M		2.2 NAME	Robert D. Wolt11			
STREET ADDRESS	6000 LAKE FORREST DRIVE., #200		2.3 STREET ADDRESS	101 Sun Avenue, NE			
CITY-ST-ZIP	ATLANTA GA 30328		2.4 CITY-ST-ZIP	Albuquerque, NM 87109			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCKER, DARRELL C		3.2 NAME				
STREET ADDRESS	6000 LAKE FORREST DRIVE., #200		3.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30328		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANE, EDWARD E		4.2 NAME	Robert D. Wolt11			
STREET ADDRESS	6000 LAKE FORREST DRIVE., #200		4.3 STREET ADDRESS	101 Sun Avenue, NE			
CITY-ST-ZIP	ATLANTA GA 30328		4.4 CITY-ST-ZIP	Albuquerque, NM 87109			
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOX, DONALD F		5.2 NAME	Michael T. Berg			
STREET ADDRESS	6025 SHILOH RD.		5.3 STREET ADDRESS	101 Sun Avenue, NE			
CITY-ST-ZIP	ALPHARETTA GA 30005		5.4 CITY-ST-ZIP	Albuquerque, NM 87109			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Nikki J. Mann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	Secretary			
STREET ADDRESS			6.3 STREET ADDRESS	101 Sun Avenue, NE			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Albuquerque, NM 87109			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Michael T. Berg* Michael T. Berg, Assistant Secretary 7/22/98 (505)821-3355

CR2E034 (5/98)