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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000006499 (6) 1. Corporation Name ALL AMERICAN MEDICAL SYSTEMS, INC.					
Principal Place of Business 300 N CIRCLE SEBRING FL 33870 US			Mailing Address 329 S. COMMERCE AVE. SEBRING FL 33870-3607		
2. Principal Place of Business 21 4511 SUN 'N LAKE BLVD Suite, Apt. #, etc. 22 106 City & State 23 SEBRING, FLA Zip 24 33872 Country 25 HIGHLAND		2a. Mailing Address 26 4511 SUN 'N LAKE BLVD Suite, Apt. #, etc. 27 106 City & State 28 SEBRING, FLA Zip 29 33872 Country 30 HIGHLAND		3. Date Incorporated or Qualified 01/22/1993 3a. Date of Last Report 03/21/1996 4. FEI Number 65-0390541 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	
9. Name and Address of Current Registered Agent FERGUSON, STEVEN K. 300 NORTH CIRCLE SEBRING FL 33810			10. Name and Address of New Registered Agent 81 Name DANIEL LAMARRE 82 Street Address (P.O. Box Number is Not Acceptable) 4511 SUN 'N LAKE BLVD #106 83 84 City SEBRING FL 85 Zip Code 33872		
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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>Daniel Lamarre</u> (Signature, typed or printed name of registered agent and title if applicable) DANIEL LAMARRE (NOTE: Registered Agent signature required when reinstating) 2/22/97 DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE NAME FERGUSON, STEVEN K. STREET ADDRESS 300 CIRCLE CITY-ST-ZIP SEBRING FL 33870			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME DANIEL LAMARRE STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DANIEL LAMARRE 2.3 STREET ADDRESS 4511 SUN 'N LAKE BLVD #106 2.4 CITY-ST-ZIP SEBRING, FLA. 33872		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DOUGLAS A. MELGAN 3.3 STREET ADDRESS 300 N. CIRCLE 3.4 CITY-ST-ZIP SEBRING, FLA. 33870		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME BRUCE J. LYBARGER 4.3 STREET ADDRESS 300 N. CIRCLE 4.4 CITY-ST-ZIP SEBRING, FLA. 33870		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

DANIEL LAMARRE
DOUGLAS A. MELGAN
BRUCE J. LYBARGER

2/22/97 (941) 385-8850

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