

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am

Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000010909 (8)

1. Corporation Name
DREW MEDICAL, INC.



Principal Place of Business: 7380 SAND LAKE RD. SUITE 430 ORLANDO FL 32819
Mailing Address: 7380 SAND LAKE RD. SUITE 430 ORLANDO FL 32819-5251

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 06/25/1996
4. FEI Number: 59-3160605
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: 21 7208 SAND LAKE RD SUITE, Apt. #, etc. 22 SUITE 300 23 ORLANDO, FL 24 32811 25 ORANGE
2a. Mailing Address: 26 7208 SAND LAKE RD SUITE, Apt. #, etc. 27 SUITE 300 28 ORLANDO, FL 29 32819 30 ORANGE

9. Name and Address of Current Registered Agent
PALMER, WILLIAM D
255 S. ORANGE AVE.
SUITE 1600
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: D
NAME: DINKEL, MICHAEL D
STREET ADDRESS: 7380 SAND LAKE RD., SUITE 430
CITY-ST-ZIP: ORLANDO FL 32819
[DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: [Change] [Addition]
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE: [Change] [Addition]
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE: [Change] [Addition]
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE: [Change] [Addition]
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE: [Change] [Addition]
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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, 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, with an attachment with an address.

SIGNATURE: [Signature]

CR2E034 (9/96)