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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000028937 (9)

1. Corporation Name
ACROMED, INC.

Principal Place of Business Mailing Address

**4801 DAWIN ROAD
JACKSONVILLE FL 32207
US**

~~3303 CARNEGIE AVE.
CLEVELAND OH 44115~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/20/1993		3a. Date of Last Report 04/04/1994	
4. FEI Number 59-3176992		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		28. Zip	
Country		Country	

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____ DATE _____
Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFEE, WILLIAM P	1.2 NAME	
STREET ADDRESS	3303 CARNEGIE AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREMER, PAUL W	2.2 NAME	GENERAL MANAGER
STREET ADDRESS	4801 DAWIN ROAD	2.3 STREET ADDRESS	RONALD WALTON
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	4801 DAWIN ROAD JACKSONVILLE, FL 32207
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ, CAROLINE M	3.2 NAME	
STREET ADDRESS	3303 CARNEGIE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOK, ALLEN H	4.2 NAME	
STREET ADDRESS	3303 CARNEGIE AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARRICCHIO, ENRICO A	5.2 NAME	
STREET ADDRESS	3303 CARNEGIE AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	5.4 CITY - ST - ZIP	
TITLE	ATAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLAND, PATRICIA L	6.2 NAME	
STREET ADDRESS	4801 DAWIN ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

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: P L McFarland P L MCFARLAND, ASSIST SEC/TREASURER 4-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Please Print