

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000028937 (9)**

1. Corporation Name
ACROMED, INC.



Principal Place of Business
**4801 DAWIN ROAD
JACKSONVILLE FL 32207
US**

Mailing Address
**4801 DAWIN ROAD
JACKSONVILLE FL 32207
US**

3. Date Incorporated or Qualified **04/20/1993** 3a. Date of Last Report **04/26/1995**

4. FEI Number **59-3176992** Applied For Not Applicable

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEFFEE, WILLIAM P	
STREET ADDRESS	3303 CARNEGIE AVE.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	GM	<input checked="" type="checkbox"/> DELETE
NAME	WALTON, RONALD	
STREET ADDRESS	4801 DAWIN ROAD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LUTZ, CAROLINE M	
STREET ADDRESS	3303 CARNEGIE AVE.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOOK, ALLEN H	
STREET ADDRESS	3303 CARNEGIE AVE.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VARRICCHIO, ENRICO A	
STREET ADDRESS	3303 CARNEGIE AVE.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	ATAS	<input type="checkbox"/> DELETE
NAME	MCFARLAND, PATRICIA L	
STREET ADDRESS	4801 DAWIN ROAD	
CITY- ST- ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE	Director of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	John R. KNAPIK	
23 STREET ADDRESS	4801 DAWIN ROAD	
24 CITY- ST- ZIP	JACKSONVILLE, FLORIDA 32207	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE	Treasurer and Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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* 5-1-96 904-730-9373 Ext 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
P. L. McFarland, Treasurer and Assistant Secretary

CR2E034 (12/95)