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Feb 10 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 # P93000038502 (9)

1. Corporation Name
TRI-MEDICAL SUPPLY, INC. OF GEORGIA



Principal Place of Business
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770-2014
US

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

58-2055480

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD
SUITE 2
LARGO FL 34641

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	DVP	DELETE
NAME	BARODY, MICHAEL A	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	DPT	DELETE
NAME	BUCKLES, WILLIAM G JR	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	DS	DELETE
NAME	LANDT, TIMOTHY L	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	DVP	DELETE
NAME	VOLTMAN, GREG D	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	DELETE
NAME	VOLTMAN, DAVID M	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 with 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

Daytime Phone #

813-585-6333

CR2E034 (9/96)