

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000073300 (4)

1. Corporation Name  
DEVMED GROUP, INC.



Principal Place of Business  
3385 BURNS ROAD  
SUITE 104  
PALM BEACH GARDENS FL 33410

Mailing Address  
PO BOX 30716  
PALM BEACH GARDENS FL 33420  
US

3. Date Incorporated or Qualified 10/12/1993 3a. Date of Last Report 02/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0443396	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

BROOME, WILLIAM R  
801 SPENCER DR.  
WEST PALM BEACH FL 33409

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 607.0502 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 the applicable

(NOTE: Registered Agent signature must be witnessed by a notary public)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	WILTA, BRUCE E DR	<input type="checkbox"/> DELETE
NAME		3385 BURNS RD., SUITE 104	
STREET ADDRESS		PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP			
TITLE	D	WILTA, GREGORY D R	<input type="checkbox"/> DELETE
NAME		3385 BURNS RD., SUITE 104	
STREET ADDRESS		PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP			
TITLE	D	TEETS, J M	<input type="checkbox"/> DELETE
NAME		5225 SE INKWOOD	
STREET ADDRESS		HOBE SOUND FL 33455	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Gregory D. Wilta* Gregory D. Wilta  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

407-747-1807  
Daytime Phone #

CR2E034 (12/95)