

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084036 (1)

1. Corporation Name

PATIENTGUARD PRODUCTS, INC.



Principal Place of Business

13161 56TH CT.
SUITE 203
CLEARWATER FL 34620

Mailing Address

13161 56TH CT.
SUITE 203
CLEARWATER FL 34620

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

BROWN, CHARLES L
2132 CAMDEN WAY
CLEARWATER FL 34619

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

10/13/1995

4. FET Number

59-3213793

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

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

Chal L

Signature, typed or printed name of registered agent and block applicable

DATE: Registered Agent signature required when reappointing

7-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BROWN, CHARLES L

STREET ADDRESS

2132 CAMDEN WAY

CITY-ST-ZIP

CLEARWATER FL 34619

TITLE

D

NAME

JOHNSTON, JOHN F

STREET ADDRESS

3243 OLD FRANKSTOWN RD.

CITY-ST-ZIP

PITTSBURGH PA 15239

TITLE

D

NAME

WYATT, CLIFFORD D SR.

STREET ADDRESS

%550 WESTERN DR.

CITY-ST-ZIP

MOBILE AL 36607

TITLE

D

NAME

WYATT, CLIFFORD D SR.

STREET ADDRESS

%550 WESTERN DR.

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TITLE

D

NAME

WYATT, CLIFFORD D SR.

STREET ADDRESS

%550 WESTERN DR.

CITY-ST-ZIP

MOBILE AL 36607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-ST-ZIP

SIGNATURE:

Charles L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96

DATE

800-545-2674

Florida Phone #

CR2E034 (12/95)