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95 MAY -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000017163 (4)**

1. Corporation Name

IN VIVO ACQUISITION CORPORATION

Principal Place of Business

Mailing Address

5200 BLUE LAGOON DRIVE
MIAMI, FL 33128

5200 BLUE LAGOON DRIVE
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

07/06/1994

4. FEI Number

APPLIED FOR 65-0502544

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

2a. Mailing Address

21 1121 ALDERMAN DR.

26 1121 ALDERMAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ALPHARETTA, GA

28 ALPHARETTA, GA

Zip

Country

Zip

Country

24 30202

25

29 30202

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 P
NAME GILMAN, MILES E
STREET ADDRESS 5200 BLUE LAGOON DRIVE
CITY - ST - ZIP MIAMI FL 33128

1 TITLE PRESIDENT, COO Change Addition
12 NAME PATRICK J. FORTUNE
13 STREET ADDRESS 1125 17TH STREET STE. 1500
14 CITY - ST - ZIP DENVER, CO 80202

TITLE CFO
NAME JACK T. THOMPSON
STREET ADDRESS 5200 BLUE LAGOON DR 200
CITY - ST - ZIP MIAMI FL 33128

21 TITLE SECRETARY, CFO Change Addition
22 NAME SAM R. LENO
23 STREET ADDRESS 1125 17TH STREET, STE. 1500
24 CITY - ST - ZIP DENVER, CO 80202

TITLE S
NAME JORGE MEDINA
STREET ADDRESS 5200 BLUE LAGOON DR 200
CITY - ST - ZIP MIAMI FL 33128

31 TITLE VP TREASURER Change Addition
32 NAME RICHARD SMITH
33 STREET ADDRESS 1125 17TH STREET STE 1500
34 CITY - ST - ZIP DENVER, CO 80202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE CEO/C Change Addition
42 NAME JAMES M. SWEENEY
43 STREET ADDRESS 1125 17TH STREET STE 1500
44 CITY - ST - ZIP DENVER, CO 80202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

REMITTED BY MAY 1

5/26/29

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 110.07(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, 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 checked, or in an attachment with an address.

RICHARD M. SMITH

SIGNATURE

Richard M. Smith

VICE PRESIDENT, TREASURY & TAX

4/26/95

303 292 4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Here