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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017443 (0)

1. Corporation Name

AMERICAN MEDICAL DEVICES OF FLORIDA INC.

Principal Place of Business

283 NORTHLAKE BLVD.
STE. 11
ALTAMONTE SPRINGS FL 32701

Mailing Address

283 NORTHLAKE BLVD.
STE. 11
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

2a. Mailing Address

21 283 N. NORTHLAKE BLVD.

26 283 N. NORTHLAKE BLVD.

22 Suite Apt. #, etc.

27 Suite Apt. #, etc.

23 City & State

28 City & State

AITAMONTE SPRINGS, FL

AITAMONTE SPRINGS, FL

24 Zip

25 Country

29 Zip

30 Country

32701

USA

32701

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARKE, JAMES M
252 MARKHAM WOOD RD
LONGWOOD FL 32779

81 Name

JAMES M. CLARKE

82 Street Address (P.O. Box Number is Not Acceptable)

283 N. NORTHLAKE BLVD. STE 11

83

84 City

AITAMONTE SPRINGS

FL

85 Zip Code

32701

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

James M. Clarke PRESIDENT-DIR.

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARKE, JAMES M
STREET ADDRESS 252 MARKHAM RD.
CITY-STATE-ZIP LONGWOOD FL 32779

TITLE CD
NAME MCILWAIN, ROBERT
STREET ADDRESS 100 FIFTH ST., SHELBY SQUARE STE. TWO
CITY-STATE-ZIP BRISTOL TN 37620

TITLE D
NAME MCILWAIN, WILLIAM A
STREET ADDRESS 100 FIFTH ST., SHELBY SQUARE, STE. TWO
CITY-STATE-ZIP BRISTOL TN 37620

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME CLARKE, JAMES M
1.3 STREET ADDRESS 283 N. NORTHLAKE BLVD. STE 11
1.4 CITY-STATE-ZIP AITAMONTE SPRINGS, FL 32701

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 332 7TH STREET
2.4 CITY-STATE-ZIP BRISTOL TN 37620

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 332 7TH STREET
3.4 CITY-STATE-ZIP BRISTOL TN 37620

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

James M. Clarke JAMES M. CLARKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

467-831-4343

Date

Telephone Number

CR2E034 (12/95)