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 # **P94000031963 (9)**

1. Corporate Name
D.R. MEDICAL, INC.

Principal Office
1760 S.W. 72ND AVE.
PLANTATION FL 33317

Mailing Address
1760 S.W. 72ND AVE.
PLANTATION FL 33317

3. Date Incorporated or Qualified: **04/27/1994**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **65-0488328** [ ] 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 [X] Yes [ ] No

2. Foreign Principal Place of Business
21
22
23
24 City 25 Country

2a. Mailing Address
26
27
28 Zip 29 City & State
30 Country

9. Name and Address of Current Registered Agent
ROGERS, DAVID L.
1760 SW 72 AVE.
PLANTATION FL 33317

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. [illegible] Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office [illegible] the above named person has consented to be the corporation's registered agent. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of such position, Florida Statutes.

Signature [illegible] Date

12. OFFICERS AND DIRECTORS

	DPT ROGERS, RENEE 1760 S.W. 72ND AVE. PLANTATION FL 3331/	[ ] DIRECTOR
	S ROGERS, HEATHER 1760 S.W. 72ND AVE. PLANTATION FL 33317	[ ] DIRECTOR
		[ ] DIRECTOR
		[ ] DIRECTOR
		[ ] DIRECTOR
		[ ] DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition

14. [illegible] for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further [illegible] report is true and accurate and that my signature shall have the same legal effect as if made under [illegible] Chapter 607, Florida Statutes, and that my name [illegible]

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/23/96 Daytime Phone: (305) 791-0879

CR2E034 (12/95)