

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

1997 SEP -3 AM 10: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 994000047810
1. Corporation Name
EMI MEDICAL INC.

Principal Place of Business 2202 SW 112th STREET GAINESVILLE, FL 32607-1126	Mailing Address SAME
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2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 06/20/94	3a. Date of Last Report 06/96
4. FEI Number 59-3247674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ALEXANDER, AARON J
2202 SW 112th STREET
GAINESVILLE, FL 32607-1126**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ALEXANDER, AARON J
STREET ADDRESS	2202 SW 112th STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> DELETE
TITLE	TS <input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, LISA
STREET ADDRESS	2202 SW 112th STREET, GVILLE
CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, EMILY E
STREET ADDRESS	2202 SW 112th STREET, GVILLE
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TS ALEXANDER, AARON J
2.3 STREET ADDRESS	2202 SW 112th STREET, GVILLE, FL
2.4 CITY-ST-ZIP	32607
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T ALEXANDER, AARON J
3.3 STREET ADDRESS	2202 SW 112th STREET, GVILLE, FL
3.4 CITY-ST-ZIP	32607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200002285082--8
4.4 CITY-ST-ZIP	-09/04/97--01093--005
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***165.00 ***165.00
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: James O. Ward 8/24/97 800 570-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)



2202 S.W. 112th Street • Gainesville, FL 32607 • (800) 570-0156

August 19, 1997

Director
Division of Corporations
FLORIDA DEPARTMENT OF STATE
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms./Sir :

We did not receive a 1997 PROFIT CORPORATION ANNUAL REPORT Packet as of this date. We filed a FLORIDA DEPARTMENT OF REVENUE - Certificate of Registration Tax I.D. Number (DR-11) on 11/28/96 upon our relocation to 2202 SW 112th Street, Gainesville, Florida. 32607-1126 . Our Certificate Number is 11-00-036266-79-1.

Enclosed please find Check # 1262 for the Fee of \$ 165.00 of filling the Annual Report. I have copied the 1996 Corporation Annual Report and made the necessary changes to the document. *As per your request.*

Sincerely,

A handwritten signature in cursive script, appearing to read "James Alexander", written in black ink.

A. James Alexander, President
EMI Medical, Inc.