

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000047810 (4)
 1. Corporation Name
EMI MEDICAL INC.



Principal Place of Business: **2202 SW 112TH STREET GAINESVILLE FL 32607-1126 US**
 Mailing Address: **2202 SW 112TH STREET GAINESVILLE FL 32607-1126 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 SAME**
 Suite, Apt. #, etc.
 22 City & State: **23 SAME**
 Zip: Country: **25 US**

2a. Mailing Address: **26 SAME**
 Suite, Apt. #, etc.
 27 City & State: **28 SAME**
 Zip: Country: **30 US**

3. Date Incorporated or Qualified: **06/20/1994**

4. FEI Number: **59-3247674**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *none owed*

8. 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, AARON J	1.2 NAME
STREET ADDRESS	2202 SW 112TH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE FL 32607	1.4 CITY-ST-ZIP
TITLE	Secretary (acting) <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, AARON J.	2.2 NAME
STREET ADDRESS	2202 SW 112th Street	2.3 STREET ADDRESS
CITY-ST-ZIP	Gainesville, FL 32607-1126	2.4 CITY-ST-ZIP
TITLE	TREASURER (Acting Temp) <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, AARON J.	3.2 NAME
STREET ADDRESS	2202 SW 112th Street	3.3 STREET ADDRESS
CITY-ST-ZIP	Gainesville FL 32607-1126	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE *[Signature]* **4/15/98 800 570-1126**

CR2E034 (10/97)