

NOV. 9. 1999 4:41PM
FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED AND FILED
 NO. 5 1.000 PG 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

99 NOV 16 AM 10:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Principal Place of Business
 2202 SW 112th STREET
 GAINESVILLE FL 32607-1226
 US

Mailing Address
 2202 SW 112th ST
 GAINESVILLE FL
 32607-1226 US

DO NOT WRITE IN THIS SPACE
 9-1-99 90009 074 -
 06/20/1994 #150-00

21. Principal Place of Business SAME	2a. Mailing Address SAME	4. FEI Number 59-3247674	Applied For Not Applicable
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State SAME	2c. City & State SAME	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip US	2d. Zip US	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent ALEXANDER, AARON J 2202 SW 112TH STREET GAINESVILLE FL 32607-1226		19. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		FL	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when following.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALEXANDER, AARON J 2202 SW 112th STREET <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALEXANDER, AARON J 2202 SW 112th STREET GAINESVILLE FL 32607-1226 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ALEXANDER, AARON J 2202 SW 112th STREET GAINESVILLE FL 32607 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent 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 in an attachment with an address, with all other fee empowered.

SIGNATURE: *James O'Neil* 11/9/99 800 570-0156

CR2E004 (11/98)



2202 S.W. 112th Street • Gainesville, Florida 32607 • (800) 570-0156 • Fax (352) 332-2164

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September 9, 1999

Ms. Michelle Milligan
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Milligan:

As per our conversation today, I am writing as you requested the reason for the delay of EMI MEDICAL, INC. Corporate Report as the original letter on company letterhead become separated from the enclosed Corporate Report.

We had not received the Report Package and subsequently sent the copy Corporate Report with the correct update information, signatures and check (#1510) on August 27, 1999.

We have corrected the filing procedure to include an ancillary bookkeeper that will process the report in the future. This will eliminate the possibility of lost mail.

Thank you for your help.

Sincerely,

A handwritten signature in cursive script that reads "A. James Alexander".

A. James Alexander
President
EMI MEDICAL, INC. >

*Copy 11/5/99
to Michelle Milligan*