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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000050631 (8)

1. Corporation Name
MEDSTAR MEDICAL, INC.

Principal Place of Business

4524 OAK FAIR BLVD
SUITE 112
TAMPA FL 33610

Mailing Address

3801 CORPOREX PK DR
SUITE 175
TAMPA FL 33619-1136
US



3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

21 3801 CORPOREX PARK DRIVE

2a. Mailing Address

26 3801 CORPOREX PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 175

27 SUITE 175

City & State

City & State

23 TAMPA, FL 33619

28 TAMPA, FL

Zip

Country

24 33619-1136

25

USA

Zip

Country

29 33619-1136

30

USA

4. FEI Number
59-3253560

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



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALL, CALVIN E
6403 RENWICK CIRCLE
TAMPA FL 33647

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME BALL, CALVIN E
STREET ADDRESS 6403 RENSHAW COURT
CITY - ST - ZIP TAMPA FL 33647

1.1 TITLE P/T/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE S
NAME BALL, CATHERINE E
STREET ADDRESS 6403 RENWICK CIRCLE
CITY - ST - ZIP TAMPA FL 33647

2.1 TITLE S/D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V
NAME QUIN, LEAH
STREET ADDRESS 3801 CORPOREX PK DR SUITE 175
CITY - ST - ZIP TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 3801 CORPOREX PARK DRIVE, SUITE 175
3.4 CITY - ST - ZIP TAMPA, FL 33619-1136

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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 on an attachment with an address.

SIGNATURE:

CALVIN BALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 (813)626-1333

Date

Daytime Phone #

CR2E034 (9/96)