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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 # P95000007310 (2)

1. Corporation Name  
VITA MEDICAL DISTRIBUTOR, INC.

Principal Place of Business  
8232 NW SOUTH RIVER DR  
MEDLEY FL 33166

Mailing Address  
8232 NW SOUTH RIVER DR  
MEDLEY FL 33166-7452



3. Date Incorporated or Qualified 01/27/1995  
3a. Date of Last Report 09/24/1996

|                                |                        |   |   |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number   | Applied For   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 65-0561386  | Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

MAGALHAES, THEREZA C  
8232 NW SOUTH RIVER DR  
MEDLEY FL 33166

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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]* MAGALHAES, THEREZA C. 01/20/97  
(NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | DP                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MAGALHAES, THEREZA C   | 1.2 NAME  |  |
| STREET ADDRESS             | 8232 NW SOUTH RIVER DR | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MEDLEY FL 33166        | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | V. LIMA, LUIZ G        | 2.2 NAME  |  |
| STREET ADDRESS             | 8232 NW SOUTH RIVER DR | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MEDLEY FL 33166        | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SD                     | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TEIXEIRA, MARCIA V     | 3.2 NAME  |  |
| STREET ADDRESS             | 8232 NW SOUTH RIVER DR | 3.3 STREET ADDRESS                                    | VD WILLEMSSENS, MARCIA S.M.  |
| CITY - ST - ZIP            | MEDLEY FL 33166        | 3.4 CITY - ST - ZIP                                   | 8232 NW SOUTH RIVER DRIVE  |
| TITLE                      |                        | 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                      |                        | 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                      |                        | 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 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: *[Signature]* THEREZA C. MAGALHAES 01/20/97 (305) 889-3492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)