

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026912 (2)**

1. Corporation Name  
**MEDEX 7, INC.**



Principal Place of Business <b>205 S FLORIDA AVE LAKELAND FL 33801 US</b>	Mailing Address <b>205 S FLORIDA AVE LAKELAND FL 33801 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2539 South Florida Avenue</b> Suite, Apt. #, etc. 22 City & State 23 <b>LAKELAND FLORIDA</b> Zip 24 <b>33806</b> Country 25 <b>U.S.</b>		2a. Mailing Address 26 <b>2539 South Florida Avenue</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKELAND FLORIDA</b> Zip 29 <b>33806</b> Country 30 <b>U.S.</b>		3. Date incorporated or Qualified <b>04/05/1995</b>	4. FEI Number <b>59-3306857</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>DIMOTTA, EDWARD E 629 HOWARD AVE LAKELAND FL 33815</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	<b>CPOD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMOTA, EDWARD E</b>	1.2 NAME	
STREET ADDRESS	<b>629 HOWARD AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPOD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, JAMES M</b>	2.2 NAME	
STREET ADDRESS	<b>2750 GALE ROSE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPOD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMOTTA, SEAN M</b>	3.2 NAME	
STREET ADDRESS	<b>6899 HAYTER DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAY, SHAWN D</b>	4.2 NAME	
STREET ADDRESS	<b>6 EAST CLEMENTON RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GIBBSBORO NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAY, COURTNEY H</b>	5.2 NAME	
STREET ADDRESS	<b>6 E CLEMENTON RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GIBBSBORO NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLEHENIE, RONALD D</b>	6.2 NAME	
STREET ADDRESS	<b>2044 RYAN WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	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]* **02/16/98**

CR2E034 (10/97)