FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000033904 (0)**

1. Corporation Name
FEATHER MEDICAL, INC.

Principal Place of Business
1749 LAKE CYPRESS DRIVE
SAFETY HARBOR FL 34695

Mailing Address
1749 LAKE CYPRESS DRIVE
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified: **05/01/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 8453 GARDENS CIRCLE
Suite, Apt. #, etc.
22 Apt #7
City & State
23 SARASOTA, FL
Zip 24 34243
Country 25 U.S.A.

2a. Mailing Address
26 8453 GARDENS CIRCLE
Suite, Apt. #, etc.
27 Apt #7
City & State
28 SARASOTA, FL
Zip 29 34243
Country 30 U.S.A.

4. FEI Number: 59-3310558 — 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 [X] No

9. Name and Address of Current Registered Agent
FEATHERNGILL, LAYNE
1749 LAKE CYPRESS DRIVE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8453 GARDENS CIRCLE APT# 7
83
84 City: SARASOTA, FL 85 Zip Code: 34243

11. Pursuant to the provisions of Section 607.0505 and 607.1908, 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: Layne Featherngill — LAYNE FEATHERNGILL — 04-15-96
(Signature of Registered Agent) (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D [ ] DELETE
NAME	FEATHERNGILL, LAYNE
STREET ADDRESS	1749 LAKE CYPRESS DRIVE
CITY, ST, ZIP	SAFETY HARBOR FL 34695
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	[X] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	8453 GARDENS CIRCLE APT#7
14 CITY, ST, ZIP	SARASOTA, FL 34243
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing, to the best of my knowledge and belief, is true, complete, and accurate. I further certify that the corporation is in compliance with Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of this corporation or a person authorized by the corporation to file this report and that my name appears on Block 12 or Block 13 above, or I am attaching a separate list with the names and titles of all officers and directors.

SIGNATURE: Layne Featherngill — LAYNE FEATHERNGILL — 4/15/96 — 941-355-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)