

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054965 (5)

1. Corporation Name
ANGIOMED, INC.



Principal Place of Business
**972 WEEDON DR NE
ST PETERSBURG FL 33702**

Mailing Address
**972 WEEDON DR NE
ST PETERSBURG FL 33702**

3. Date Incorporated or Qualified 07/13/1995	3a. Date of Last Report FIRST
4. FEI Number 59-3325737	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 972 WEEDON DR. NE	2a. Mailing Address 972 WEEDON DR. NE
21. Suffix, Apt. #, etc.	26. Suffix, Apt. #, etc.
22. City & State ST. PETERSBURG, FL	27. City & State ST. PETERSBURG, FL
23. Zip 33702	28. Zip 33702
24. Country US	29. Country US

9. Name and Address of Current Registered Agent WAGNER, ROBERT T 2333 FEATHER SOUND DR CLEARWATER FL 34622	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JAN-UDO GEHRDAU		2. NAME	
STREET ADDRESS LANGWISCH 4		3. STREET ADDRESS	
CITY-STATE-ZIP 23391 HAMBURG-GERMANY		4. CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X** _____ PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(823) 578-4060
DATE: _____

CR2E034 (12/95)

APR 3-22-1996