


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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000058012 (2)**

1. Corporation Name  
**NOVA MEDICAL CORPORATION**

Principal Place of Business  
**3700 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311**

Mailing Address  
**3730 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**



2. Principal Place of Business 21 <b>3700 NW 16<sup>th</sup> STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT. LAUDERDALE Florida</b> Zip 24 <b>33311</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>3730 NW 16<sup>th</sup> STREET</b> Suite, Apt. #, etc. 27 City & State 28 <b>FT. LAUDERDALE Florida</b> Zip 29 <b>33311</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/25/1995</b>	3a. Date of Last Report <b>12/10/1996</b>
		4. FEI Number <b>65-0802604</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		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

**LEWIS, GREGORY J  
3730 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name **Lewis, Gregory J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **891 SW 10<sup>th</sup> STREET**  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33315**

11. Pursuant to the provisions of Sections 607.0505 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 of registered agent or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

**4/25/97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, GREGORY J</b>	1.2 NAME	<b>Lewis, Gregory J.</b>
STREET ADDRESS	<b>3730 N.W. 16TH STREET</b>	1.3 STREET ADDRESS	<b>3700 NW 16<sup>th</sup> STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/97**  
Date

Daytime Phone # **0006306**

CR2E034 (9/96)