

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

FILED

May 06 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 # P95000061500 (1)

1. Corporation Name
FISHER MEDICAL GROUP, INC.

Principal Place of Business
1820 S FEDERAL HWY
SUITE 640
POMPANO BEACH FL 33062
US

Mailing Address
1 HOOK RD
SHARON HILL PA 18079-1013
US



3. Date Incorporated or Qualified 08/08/1995
3a. Date of Last Report 04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTER, KARON
3901 SOUTH WEST 47TH AVENUE
SUITE 405
FORT LAUDERDALE FL 33314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Karon Carpenter

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 D
NAME MIRRA, RAYMOND A JR.
STREET ADDRESS 3901 SOUTH WEST 47TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33314

1.1 TITLE DP
1.2 NAME Raymond A. Mirra, Jr.
1.3 STREET ADDRESS One Hook Road
1.4 CITY-ST-ZIP Sharon Hill, PA 19079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VP
2.2 NAME Kevin D. Stepanuk
2.3 STREET ADDRESS One Hook Road
2.4 CITY-ST-ZIP Sharon Hill, PA 19079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S
3.2 NAME John P. Mohnacs
3.3 STREET ADDRESS One Hook Road
3.4 CITY-ST-ZIP Sharon Hill, PA 19079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T
4.2 NAME Victor Fattaglia
4.3 STREET ADDRESS One Hook Road
4.4 CITY-ST-ZIP Sharon Hill, PA 19079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

Kevin D. Stepanuk

Kevin D. Stepanuk 4/23/97

610-586-8514

CR2E034 (9/96)