

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

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 19079 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	25
29	30

3. Date Incorporated or Qualified 08/08/1995	
4. FEI Number 65-0602670	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name
Raymond A. Mirra, Jr.**

**82 Street Address (P.O. Box Number is Not Acceptable)
2932 North Atlantic Blvd.**

83

**84 City
Ft. Lauderdale** **85 State
FL** **86 Zip Code
33308**

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 *Raymond A. Mirra, Jr.* **Raymond A. Mirra, Jr.** **4/20/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MIRRA, RAYMOND A JR.	
STREET ADDRESS	ONE HOOK ROAD	
CITY-ST-ZIP	SHARON HILL PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STEPANUK, KEVIN D.	
STREET ADDRESS	ONE HOOK ROAD	
CITY-ST-ZIP	SHARON HILL PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MOHNACS, JOHN P.	
STREET ADDRESS	ONE HOOK ROAD	
CITY-ST-ZIP	SHARON HILL PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, VICATOR	
STREET ADDRESS	ONE HOOK ROAD	
CITY-ST-ZIP	SHARON HILL PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Raymond A. Mirra, Jr.		
4.3 STREET ADDRESS	One Hook Rd.		
4.4 CITY-ST-ZIP	Sharon Hill, PA 19079		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 *Raymond A. Mirra, Jr.* **Raymond A. Mirra, Jr.** **4-20-98** **610-581-8601**

CR2E034 (10/97)