

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008863

1. Corporation Name
UPSILON MEDICAL EQUIPMENT, INC.

Principal Place of Business 4506 L.B. MCLEOD RD SUITE F ORLANDO FL 32811	Mailing Address P.O. BOX 53-6576 ORLANDO FL 32853-6576
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/24/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3367145	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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	

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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEPHEN	1.2 NAME	
STREET ADDRESS	4506 L.B. MCLEOD RD SUITE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOMEK, JANET L	2.2 NAME	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELL, N. SCOTT	3.2 NAME	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MELLE MD 21117	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL	5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

407-841-2115

Daytime Phone #

CR2E034 (11/98)