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

Mailing Address 6600 NW 27TH AVE

MIAMI FL 33147-7220

SUITE 205-A

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

8600 NW 27TH AVE

SUITE 205-A

CITY-ST-ZIP

SIGNATURE:

MIAMI FL 33147



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

0206165

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000018917 (0)

MERIDIAN MEDICAL SYSTEM, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 24 Yes No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CHUCK MOGBO, P.A. 2331 N STATE RD 7 Street Address (P.O. Box Number is Not Acceptable) SUITE 124 LAUDERHILL FL 33313 83 City Zip Code 85 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 Styriature, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 (96/6) TITLE DELETE 1.1 TITLE Change Addition ANAM, OLIVER O NAME 1.2 NAME 19060 NW 57TH AVE APT #306 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33015 CHTY - S1 - ZIP 1.4 (ITY-ST-ZIP DELETE Change Addition 2.1 TITLE TILLE ANAM, GLADYS N 2.2 NAME NAME 19060 NW 57TH AVE APT #306 STREET ADORESS 2.3 STREET ADDRESS **MIAM! FL 33015** 2. 4 CITY - ST - ZIP CITY-ST-74P DELETE 3.1 TITLE Change Addition Title NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZUP DELETE 4.1 TITLE Change Addition THILE NAME 4. NAME 4.3 STREET ADDRESS STREET AODRESS CITY - ST - 7IP 4.4 CITY-ST-ZIP DELETE Addition THILE 5.1 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$1 - 7(P DELETE Change Addition TIFEE 6. TITLE NAME 6. NAME E STREET ADDRESS STREET ADORESS

6 DiTY-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR