
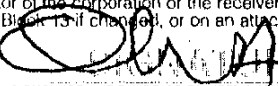


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # P96000018917 (0)					
1. Corporation Name MERIDIAN MEDICAL SYSTEM, INC.					
Principal Place of Business 6600 NW 27TH AVE SUITE 205-A MIAMI FL 33147			Mailing Address 6600 NW 27TH AVE SUITE 205-A MIAMI FL 33147-7220		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1996	
21		25		4. FEI Number 65-0647200	
22		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		8. Name and Address of Current Registered Agent	
26		30		9. Name and Address of New Registered Agent	
27		31		10. Name and Address of New Registered Agent	
28		32		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.	
29		33		12. OFFICERS AND DIRECTORS	
30		34		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31		35		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.	
32		36		SIGNATURE: 	
33		37		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
34		38		Date 4/23/97	
35		39		Daytime Phone # 0206165	



CR2E034 (9/96)