

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

FILED  
Apr 08 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 # P96000035938 (5)

1. Corporation Name  
SYSTEMEDIC, INC.

Principal Place of Business

4127 NW 27TH LANE  
SUITE A  
GAINESVILLE FL 32206

Mailing Address

4127 NW 27TH LANE  
SUITE A  
GAINESVILLE FL 32206-7473



2. Principal Place of Business

21 4881 NW 8th Ave

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Gainesville FL

Zip

24 32605

Country

25 US

2a. Mailing Address

26 4881 NW 8th Ave.

Suite, Apt. #, etc.

27 Suite 2

City & State

28 Gainesville FL

Zip

29 32605

Country

30 US

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

4. FEI Number

59-3386699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

KRUEGER, SCOTT DAVID  
2622 NW 43RD STREET  
SUITE B-3  
GAINESVILLE FL 32606

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, type or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
President	Jesse C. Brannen	4881-2 NW 8 Ave.	Gainesville, FL 32605	<input type="checkbox"/>
VP	Ralph Hartke	4881-2 NW 8 Ave	Gainesville, FL 32605	<input type="checkbox"/>
ST	Oscar B. DePaz	4881-2 NW 8 Ave	Gainesville, FL 32605	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse C. Brannen

President

4-4-97

352-375-5574

Date

Daytime Phone #

CR2E034 (9/96)