


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

FILED
Jan 30 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 # P96000043768 (6)
 1. Corporation Name
VANENDOOREN MEDICAL INCORPORATED



Principal Place of Business 1133 4 ST 311 SARASOTA FL 34236 US	Mailing Address 1634 MAIN STREET SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

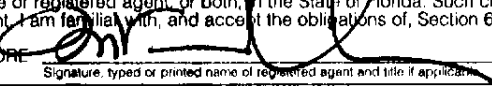
2. Principal Place of Business 21 5053 Ocean Blvd Suite, Apt. #, etc. #102 22 City & State Sarasota FL 23 Zip 34242 Country USA	2a. Mailing Address 26 PO Box 3319 Suite, Apt. #, etc. 27 City & State Sarasota FL 28 Zip 34230 Country USA
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3. Date Incorporated or Qualified 05/22/1996	4. FEI Number 65-0679335	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
VANENDOOREN, MICHELLE A
1634 MAIN ST
SARASOTA FL 34236

10. Name and Address of New Registered Agent
 81 Name **MICHELLE A. VANENDOOREN**
 82 Street Address (P.O. Box Number is Not Acceptable) **5053 OCEAN BLVD**
 83 **#102**
 84 City **Sarasota** **FL** 85 Zip **34242**

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANENDOOREN, MICHELLE A	
STREET ADDRESS	1634 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	DSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHELLE A. VANENDOOREN	
1.3 STREET ADDRESS	5053 OCEAN BLVD #102	
1.4 CITY-ST-ZIP	Sarasota FL 34242	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(f), 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 checked, or on an attachment with an address.

SIGNATURE 

CR2E034 (10/97)