


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

VANDENDOOREN 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

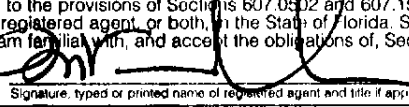
2. Principal Place of Business 21 5053 Ocean Blvd Suite, Apt. #, etc. #102 22 City & State Sarasota 71 23 Zip 34242 Country USA	2a. Mailing Address 26 PO Box 3319 Suite, Apt. #, etc. 27 City & State Sarasota 71 28 Zip 34230 Country USA
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3. Date Incorporated or Qualified 05/22/1996	4. FEI Number 65-0679335	Applied For 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 VANDENDOOREN, MICHELLE A 1634 MAIN ST SARASOTA FL 34236	
81 Name MICHELLE A. VANDENDOOREN	82 Street Address (P.O. Box Number is Not Acceptable) 5053 OCEAN BLVD #102
83	84 City Sarasota
85 Zip 34242	FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip	FL

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
NAME	VANDENDOOREN, MICHELLE A
STREET ADDRESS	1634 MAIN STREET
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DSTD
1.2 NAME	MICHELLE A. VANDENDOOREN
1.3 STREET ADDRESS	5053 OCEAN BLVD #102
1.4 CITY-ST-ZIP	SARASOTA 71 34242
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)(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 

CR2E034 (10/97)