

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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000048439 (9)
 1. Corporation Name
SPINNAKER MEDICAL, INC.



Principal Place of Business 1100 CLEVELAND ST SUITE 900 CLEARWATER FL 34615	Mailing Address 1100 CLEVELAND ST SUITE 900 CLEARWATER FL 34615-4805
---	--

3. Date incorporated or Qualified 06/03/1996		3a. Date of Last Report	
2. Principal Place of Business 21 2189 Cleveland Street Suite, Apt. #, etc. 22 Ste. 201 City & State 23 Clearwater, FL 34625 Zip Country 24 34625 26 Pinellas	2a. Mailing Address 25 P.O. Box 3531 Suite, Apt. #, etc. 27 City & State 28 34630-8531 Zip Country 29 34630-8531 30 Pinellas	4. FEI Number 59-3377704	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCLEMORE, DAN R 1100 CLEVELAND ST SUITE 900 CLEARWATER FL 34615				10. Name and Address of New Registered Agent			
81 Name DEBORAH P. HARTMAN		82 Street Address (P.O. Box Number is Not Acceptable) 2189 Cleveland St., Ste 201		83			
84 City Clearwater		85 Zip Code FL 34630		86			

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 *Deborah P. Hartman* **DEBORAH P. HARTMAN** 5/28/97 5/28/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCLEMORE, DAN R		1.2 NAME DEBORAH P. HARTMAN	
STREET ADDRESS 1100 CLEVELAND ST SUITE 900		1.3 STREET ADDRESS 2189 Cleveland St, Ste 210	
CITY-ST-ZIP CLEARWATER FL 34615		1.4 CITY-ST-ZIP Clearwater, FL 34625	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Deborah P. Hartman* **DEBORAH P. HARTMAN** 6/20/97 6/20/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)