

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072071 (9)**

1. Corporation Name
TRANSPLANTERS, INC.

Principal Place of Business
**15383 LOS ANGELES DRIVE
LOXAHATCHEE FL 33470**

Mailing Address
**15383 LOS ANGELES DRIVE
LOXAHATCHEE FL 33470-4237**



3. Date Incorporated or Qualified
08/29/1996

3a. Date of Last Report
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2. Principal Place of Business 21 15383 Los Angeles Dr. Suite, Apt. #, etc. 22 City & State 23 Loxahatchee FL Zip Country 24 33470 25 USA	2a. Mailing Address 26 15383 Los Angeles Dr Suite, Apt. #, etc. 27 City & State 28 Loxahatchee FL Zip Country 29 33470 30 USA	4. FEI Number 65-0703398 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HEALEY, TARA L
15383 LOS ANGELES DRIVE
LOXAHATCHEE FL 33470**

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: *Tara L. Healey* **Tara L. Healey**
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 NAME STREET ADDRESS CITY-ST-ZIP	President + Co-Owner <input type="checkbox"/> DELETE Thomas J. Healey III 15383 Los Angeles Dr. Loxahatchee FL 33470	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President + Co-Owner <input type="checkbox"/> Change <input type="checkbox"/> Addition Thomas J. Healey III 15383 Los Angeles Dr Loxahatchee FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President + Co-Owner <input type="checkbox"/> DELETE William R. Smith 15383 Los Angeles Dr. Loxahatchee FL 33470	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President + Co-Owner <input type="checkbox"/> Change <input type="checkbox"/> Addition William R. Smith 15383 Los Angeles Dr Loxahatchee FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas J. Healey III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Healey III **4/24/97** **793-2790**
Date Daytime Phone #

CR2E034 (9/96)

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