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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90188 034 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000005369

1. Corporation Name
 CAC-MEDICAL, INC.

Principal Place of Business
 3802 EHRlich RD STE 312
 TAMPA FL 33624

Mailing Address
 3802 EHRlich RD STE 312
 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 01/16/1998

4. FEI Number
 59-2488955 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 8019 N. Himes
 Suite, Apt. #, etc.

2a. Mailing Address
 26 8019 N. Himes
 Suite, Apt. #, etc.

22 202
 City & State
 23 Tampa FL

27 202
 City & State
 28 Tampa FL

24 33614 25 WA
 Zip Country

29 33614 30 WA
 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, ROBERT F
 7821 N. DALE MABRY HWY., STE 106
 TAMPA FL 33614

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2918 Busch Lake Blvd
 83
 84 City Tampa FL 85 Zip Code 33614

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 *Robert F Cohen*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONRAD, CAROLYN A	
STREET ADDRESS	3802 EHRlich RD STE 312	
CITY-ST-ZIP	TAMPA FL 33624	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8019 N. Himes
1.4 CITY-ST-ZIP	Tampa FL 33614
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)(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, with all other like empowered.

SIGNATURE: *Carolyn A. Conrad* 04/30/99 (813) 931-1555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)