FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1	IS	\$225.	00
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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT #	S39145

	ON MEDICAL, INC.	, ,		 	
Principal Place of	f Business	Mailing Address			DI DILA BIDIN 89011 DIARK DIDIY DIQIY BIETI 1901
333 FAULKENBUI SUITE 403 TAMPA FL 33610	•	333 FAULKENBURG I SUITE 403 TAMPA FL 33610-926	•		
				<ol> <li>Date Incorporated or Qualified</li> <li>03/18/1991</li> </ol>	Tan and or Epot ( topon
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number	04/24/1995 Applied For
1	· ·	26		59-3060620	Not Applicable
Suite, Apt #, 6	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Orty & State		City & State			Fee Required
3		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zm	Country	Zip	Country	8. This corporation has liability to	
4]	25	29	30		es No
····	9. Name and Address of Curren	t Registered Agent	<b>84</b> D	10. Name and Address of New	Registered Agent
ELITEDIDOE	- AFARAF W		81 Name		
	e, george W. Kenburg Road		82 Street Add	iress (P.O. Box Number is Not Accepta	able)
SUITE 403	NENDUNG NUAU		83		
TAMPA FL 3	33619				
	000.0		<b>84</b> City		B5 Zip Code
11. Pursuant to the or registered familiar with, a	he provisions of Sections 607.0502 agent, or both, in the State of Florid and accept the obligations of, Section	and 607.1508, Florida Stat la. Such change was autho on 607.0505, Florida Statut	utes, the above-named corporized by the corporation's boares.	oration submits this statement for the pard of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
S GNATURE	nature itysext or printed name of registered agent a	and litto if apphraise (	NOTE Registered Agent signature require		DATE
S GNATURE Sign		and litto if apphraise (		ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
S GNATURE Sign  12.  INTER RAME E	nature typed or tretted name of registered agent a OFFICERS AND PSD ETHERIDGE, GEORGE W.	and title if anyticable (	NOTE Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
S GNATURE  SIGN  12.  ITHE  IMME  IMME  IMMEST ADDRESS  3	OFFICERS AND PSD ETHERIDGE, GEORGE W. 3333 FAULKENBURG ROAD	and title if anyticable (	NOTE Registered Agent signature require  13. 1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE:  Signature:  12.  HAME  H	OFFICERS AND PSD ETHERIDGE, GEORGE W. 3333 FAULKENBURG ROAD TAMPA FL	and title if a quite at size    DIRE CTORS   DECETE	NOTE Registered Agent signature require  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
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SIGNATURE:

SIGNING OFFICER OR DIRECTOR