

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

FILED

Apr 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
---	---	--

DOCUMENT # S84797 (7)
1. Corporation Name
DEKA MEDICAL, INC.



Principal Place of Business 11240 4 ST. JOHN INDUSTRIAL PKWY SOUTH JACKSONVILLE FL 32218 US	Mailing Address PO BOX 2426 COLUMBUS MS 39704-2426 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4820 Executive Park Court Suite, Apt. #, etc. 22 Suite 110 City & State 23 Jacksonville FL Zip 24 32216 Country 25 Duvall		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/16/1991	
		4. FEI Number 59-3088606		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NRAI SERVICES, INC 526 EAST PARK AVENUE TALLAHASSEE FL 32301				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PD VOUGHT, KIM 005-B-17TH STREET SOUTH COLUMBUS MS 39701	<input type="checkbox"/> DELETE	
TITLE	VPD CAPOTO, TICO 005-B-17TH STREET SOUTH COLUMBUS MS 39701	<input type="checkbox"/> DELETE	
TITLE	TREASURER BELL, DUDLEY 005-B-17TH STREET SOUTH COLUMBUS MS 39701	<input type="checkbox"/> DELETE	
TITLE	CFO BELL, DUDLEY 005-B-17TH STREET SOUTH COLUMBUS MS 39701	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
		168 Rosecrest Lane	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		1200 Sygamore View, Suite 212 Memphis, TN 38134	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		Treasurer, Vice President 168 Rosecrest Lane	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		168 Rosecrest Lane	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		Secretary Patti Paschal 168 Rosecrest Lane Columbus, MS 39701	
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 Patti Paschal Patti Paschal 4/30/98 601-277-9950

CR2E034 (10/97)