

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90082 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S87058

1. Corporation Name

KEY LARGO MEDICAL SYSTEMS, INC.



Principal Place of Business PO BOX 27150 PANAMA CITY FL 32411	Mailing Address 6622 SOUTHPPOINT DR S. STE 495 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1991	
21		26		4. FEI Number 59-3086881	
Suite, Apt. #, etc		Suite Apt #, etc		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

DAN EDELMAN
6622 SOUTHPPOINT DR S.
JACKSONVILLE FL 32202

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 "initializing")

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, ANITA	12 NAME	
STREET ADDRESS	P O BOX 27150 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHEK, EDWARD	22 NAME	
STREET ADDRESS	7400 BAY MEADOWS WAY, #315	23 STREET ADDRESS	8286 Western Way Circle, Suite C2-B
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, WALTER	32 NAME	
STREET ADDRESS	7400 BAY MEADOWS WAY, #315	33 STREET ADDRESS	8286 Western Way Circle, Suite C2-B
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM	42 NAME	
STREET ADDRESS	P O BOX 27150 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *x Anita S. Colson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

850 236 8633
Date: Daytime Phone #

CR2E034 (1/98)