FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V57160

1. Corporation Name
C-D HEALTHCARE PRODUCTS INC.

Principal Place of Business: 3021 Loretto Road, Jacksonville, FL 32223
Mailing Address: Same

3. Date Incorporated or Qualified: 8/10/1992
3a. Date of Last Report: 5/8/95

2. Principal Place of Business
21 3021 Loretto Road
Suite, Apt #, etc
22
City & State
23 Jacksonville,FL
Zip 24 32223 Country 25 USA

2a. Mailing Address
26 3021 Loretto Road
Suite, Apt #, etc
27
City & State
28 Jacksonville,FL
Zip 29 32223 Country 30 USA

4. FEI Number 59-3142794 — 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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
WINKLER, JOHN S.
2515 Oak Street
Jacksonville, FL 32204

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 _____ (NOTE: Registered Agent Signature required above for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DUNN, JOSEPH G
STREET ADDRESS	3580 Pall Mall Dr. #1202
CITY-ST-ZIP	Jacksonville, FL 32257 [ ] DELETE
TITLE	VST
NAME	ISON, NORAH JANE
STREET ADDRESS	3530 WOODWARDS COVE CT.
CITY-ST-ZIP	Jacksonville, FL 32223 [ ] DELETE
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	300001797343
4.3 STREET ADDRESS	-04/29/96--01018--014
4.4 CITY-ST-ZIP	***200.00
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph G. Dunn — President — 2/6/96 — (904)268 3366

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph G. Dunn

4-26-96