

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

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97 FEB -3 AM 8: 23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P17113 (2)  
1. Corporation Name  
T2 MEDICAL, INC.

Principal Place of Business: 1125 17TH STREET, STE. 1500, DENVER CO 80202, US  
Mailing Address: 1125 17TH STREET, STE. 1500, DENVER CO 80202-2030, US

3. Date Incorporated or Qualified: 01/11/1988  
3a. Date of Last Report: 07/30/1996  
4. FEI Number: 59-2405366  
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:  Yes  No

2. Principal Place of Business  
21 1125 17th Street, Suite, Apt. #, etc: Suite 2100  
22 Denver, CO  
23 80202, US  
2a. Mailing Address  
26 1125 17th Street, Suite, Apt. #, etc: Suite 2100  
27 Denver, CO  
28 80202, US

9. Name and Address of Current Registered Agent  
NRAI SERVICES, INC.  
526 E. PARK AVE.  
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  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	AMARAL, DONALD J.	
STREET ADDRESS	844 TREEMONT COURT	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCRANN, KELLY J.	
STREET ADDRESS	6632 PRIMROSE LANE	
CITY - ST - ZIP	NIWOT CO	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	1125 17TH STREET, STE. 1500	
CITY - ST - ZIP	DENVER CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	300002076449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	-02/04/97--01009--012	
1.3 STREET ADDRESS	****165.00 ****165.00	
1.4 CITY - ST - ZIP		
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 do 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:  RICHARD SMITH 1-6-97 305-292-4973  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)