

FROM : KCI PAYROLL/TAX DEPT.


PHONE NO. : 210 255 6554

May, 20 1999 08:40AM P4

04141999-90147-021-561-25-561-25

150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 APR 14 AM 11:15  
STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P36254

1. Corporation Name  
KCI NEW TECHNOLOGIES, INC.

Principal Place of Business  
8023 VANTAGE DRIVE SUITE 530  
SUITE 530, P.O. BOX 6597  
SAN ANTONIO TX 78220  
US

Mailing Address  
P.O. BOX 659509  
SAN ANTONIO TX 78220  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/12/1991

4. FEI Number  
74-2615226

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 8023 Vantage Drive  
22 San Antonio, TX  
23 78220  
24 USA

2a. Mailing Address  
26 P.O. Box 659508  
27 San Antonio, TX  
28 78265-9508  
29 USA

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | P                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VOGEL RICHARD       | 1.2 NAME  |  |
| STREET ADDRESS             | 15614 MISSION CREST | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SAN ANTONIO TX      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPT                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LONDON, MARTIN J    | 2.2 NAME  |  |
| STREET ADDRESS             | 57 WOLFETON WAY     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SAN ANTONIO TX      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPDS                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NOLL, DENNIS E      | 3.2 NAME  |  |
| STREET ADDRESS             | 5 BIRNAM OAKS       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SAN ANTONIO TX      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DILAZZARO, FRANK    | 4.2 NAME  |  |
| STREET ADDRESS             | 18203 ROBINWOOD     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SAN ANTONIO TX      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HANNIGAN, RAY       | 5.2 NAME  |  |
| STREET ADDRESS             | 3 SECTUARY DR       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SAN ANTONIO TX      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  | VP   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    | 4 Tudor Glen   |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       | San Antonio, TX 78257  |

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: Mark J. Landon DATE: 3/26/99 PHONE: 210-524-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR

CR02034 (11/98)