

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 05, 1996 08:00 AM
Secretary of State

DOCUMENT # **F93000005572 (3)**

1. Corporation Name

MEDICAL ACCESSORIES & SUPPLY HEADQUARTERS, INC.



Principal Place of Business

1130 HIGHWAY 31 SOUTH
ALABASTER AL 35007

Mailing Address

1130 HIGHWAY 31 SOUTH
ALABASTER AL 35007

2. Principal Place of Business

2a. Mailing Address

21

26

Subs., Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ODOM, JACKIE A
1505-B S. FERDON BLVD.
CRESTVIEW FL 32536

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 607.0542 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0540, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETED
NAME	HORN D.M.D., GREGORY L	
STREET ADDRESS	1130 HIGHWAY 31 SOUTH	
CITY-STATE-ZIP	ALABASTER AL	
TITLE	DST	<input type="checkbox"/> DELETED
NAME	ALVERSON, STEVE	
STREET ADDRESS	1130 HIGHWAY 31 SOUTH	
CITY-STATE-ZIP	ALABASTER AL	
TITLE	DV	<input type="checkbox"/> DELETED
NAME	BORDENCA, D.M.D., CHARLES	
STREET ADDRESS	1130 HIGHWAY 31 SOUTH	
CITY-STATE-ZIP	ALABASTER AL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, reliable and does not qualify for the exemption stated in Section 119.07(3)(a), 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 trustee 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, or in both, or on certain to invent with an address.

SIGNATURE: *Steve W. Alverson* **STEVEN W ALVERSON President 3/3/96 (205)664-2058**

CR2E034 (12/95)