

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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F95000004844 (5)
1. Corporation Name
SKYLER MEDICAL SUPPLIES, INC.



Principal Place of Business 600 BARRACKS STREET, STE 210 PENSACOLA FL 32501	Mailing Address 125 W ROMANA ST SUITE 400 PENSACOLA FL 32501-5847 US
---	--

3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report 06/21/1996
4. FEI Number 64-0763903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 125 W. ROMANA ST Suite, Apt. #, etc. 22 STE. 400	2a. Mailing Address 26 Suite, Apt. #, etc. 27
City & State 23 PENSACOLA FL	City & State 28
Zip 24 32501	Country 25 USA
29	30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name SCOTT J. BELL
82 Street Address (P.O. Box Number Not Acceptable) 125 W. ROMANA ST
83 Suite 400
84 City PENSACOLA
85 State FL
86 Zip Code 32501

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 *Scott J. Bell* **SCOTT J. BELL, PRESIDENT** DATE **1/27/97**

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME BELL, SCOTT J	
STREET ADDRESS 125 W ROMANA ST	
CITY-ST-ZIP PENSACOLA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ST. PEI, JERRY	
STREET ADDRESS 125 W ROMANA ST	
CITY-ST-ZIP PENSACOLA FL	
TITLE S	<input type="checkbox"/> DELETE
NAME FOSTER, DANA R	
STREET ADDRESS 125 W ROMANA ST STE 400	
CITY-ST-ZIP PENSACOLA FL	
TITLE T	<input type="checkbox"/> DELETE
NAME TOLAN JR., JOHN J	
STREET ADDRESS 125 W ROMANA ST STE 400	
CITY-ST-ZIP PENSACOLA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME TREHERN, ED	
STREET ADDRESS 125 W ROMANA ST STE 400	
CITY-ST-ZIP PENSACOLA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HOLLOWAY, J L	
STREET ADDRESS 125 W ROMANA ST STE 400	
CITY-ST-ZIP PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Scott J. Bell* **SCOTT J. BELL PRESIDENT** DATE **1/27/97** **904-432-0650**

CP2E034 (9/96)