

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004844 (5)
 1. Corporation Name
SKYLER MEDICAL SUPPLIES, INC.



Principal Place of Business 125 W ROMANA ST 400 PENSACOLA FL 32501 US	Mailing Address 125 W ROMANA ST SUITE 400 PENSACOLA FL 32501 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/13/1995	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BELL, SCOTT J
125 W ROMANA ST
400
PENSACOLA FL 32501

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 607.1508, 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. PE', 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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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: 

CFR2E034 (10/97)