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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000004844

SKYLER MEDICAL SUPPLIES, INC.

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Principal Plac	ce of Business	Mailing Address				T FORFIUS FILE LEIST BILLE OF	ill pasic dålis kaici i	<b>8</b> 8/11 <b>8</b> 1881 18	III DIBII BIBI 4681
125 W ROMANA ST		125 W ROMANA ST							
400		SUITE 400			DO NOT				
PENSACOLA FL 32501 US		PENSACOLA FL 32501				WRITE IN THIS	SPACE		
		US				3. Date Incorporated or Qual 09/13/1995	lifed		
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number		-	Applied For
21		26				64-0763903			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '''		5. Certificate of Status Desire	» <b>*</b>		5 Additional Required	
City & State		City & State	City & State		-6. Election Campaign Financ	ing	\$5.0	0-May Be ——	
23		28				Trust Fund Contribution	. با	Adde	d to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes the	current year Int		
24	[25]	29	30			Personal Property Tax.		Yes	□No
<u> </u>	9. Name and Address of Currer	nt Registered Agent	-	94	*1	10. Name and Address of N	ew Registered	Agent	
RELL	L, SCOTT J			81	Name				•
125	W ROMANA ST			82	Street Addre	ess (P.O. Box Number is Not Acc	ceptable)	erin egst e	tradición e vyntych
400				83					11881 777
PEN	SACOLA FL 32501		-	84	7iL.		<u>: 14.91</u>	log 7	<u> </u>
			[	84	City		FL	[   85   Zi	p Códe ``
	to the provisions of Sections 607.050				named corpo				
office or r	registered agent, or both, in the State	of Florida, Such change was a	uthorized				coont the enne	ntment as	
agent. I a	im familiar with, and accept the obliga	ations of Section 607.0505, Flo	rida Statut	by th tes.	e corporatio	on's board of directors. I hereby a	iccept trie appoi	initionic do	registered
agent. I a	nm familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	by th tes.	ie corporatio	on's board of directors. Finereby a		inition do	registered
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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.

6.4 CITY-ST-ZIP

PENSACOLA FL

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90011 025 \*\*\*158.75