

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 FEB 16 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29797 (1)

1. Corporation Name
HEALTHMED SUPPLIES INC.

Principal Place of Business Mailing Address
1220 SW 57 AVENUE MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|--|---|--|
| 3. Date Incorporated or Qualified 04/01/1986 | | 3a. Date of Last Report 05/20/1994 | |
| 4. FEI Number 59-2703714 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input 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 1220 SW 57 AVE | | 2a. Mailing Address 26 1220 SW 57 AVE | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | |
| 23 City & State MIAMI FL 33144 | | 28 City & State | |
| 24 Zip 33144 | | 29 Zip 33144 | |
| 25 Country | | 30 Country | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent ROJAS, ROBERTO ESQ. 2250 SW 3RD AVE 3RD FLOOR MIAMI FL 33129 | | 10. Name and Address of New Registered Agent | |
| B1 Name | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | | B4 City | |
| | | B5 Zip Code FL | |

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 consisting)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWELLEN, FRANCISCA | 1.2 NAME | |
| STREET ADDRESS | 8940 SW 125TH TERR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | 500001408475 |
| STREET ADDRESS | | 2.3 STREET ADDRESS | -02/16/95--01114--013 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | ****200.00 ****200.00 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or 13, if a change, or on an attachment with an address.

SIGNATURE: *Francisca Lewellen* **2/9/95** **267-0701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR