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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE.

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

≣≝

≣,:

05-05-1999 90106 003 ***150.00

DOCUMENT 1. Corporation Name	#	M94245

HUWE W	REDICAL SUPPLY, INC.								
Principal Place of Business		Mailing Address			 	EIBLI AIAII INEI			
		12744 SAN FERNANDO ROAD SYLMAR CA 91342		DO NOT WRITE IN T	HIS SPACE				
					3. Date Incorporated or Qualifed 08/15/1988				
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ar	oplied For	
2. Principal Place of Business		26	<u> </u>			65-0061604	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27	~			5. Certificate of Status Desired	Eee;Ri	equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coi	untry		8. This corporation owes the current year		r=1	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Register	ed Agent		
0.7	CORDODATION OVETEM			81	Name				
	CORPORATION SYSTEM			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	-	***	
	SOUTH PINE ISLAND ROAD								
PLAN	NTATION FL 33324			83					
				84	City		. 85 Zip	Code ·	
					•				
		Lond CO7 4500 Elocida Statut	as the	abovo-r	named co	venoration submits this statement for the number	or chandino iis		
office or re agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was a lons of, Section 607.0505, Flo	uthorize rida Sta	ed by th itutes.	ne corpora	proration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as re	egistered	
office or n agent. I a SIGNATURE	egistered agent, or both, in the State or maintain with, and accept the obligation of the state of registered agent states. Signature, typed or printed name of registered agent	of Florida, Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE	uthorize rida Sta Registere	ed by th itutes. ed Agent s	ne corpora	uired when reinstating)	pointment as re	gistered	98)
office or nagent. I all SIGNATURE	registered agent, or both, in the State or maintain with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE D DIRECTORS	uthorize rida Sta Registere	ed by th itutes.	ne corpora	ation's board of directors. I nereby accept the ap	AND DIRECTO	ORS IN 12	11/98)
office or magent. I a SIGNATURE 12.	registered agent, or both, in the State or m familiar with, and accept the obligation of the state of the sta	of Florida, Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE	rida Sta Registere 13.	ed by the stutes. Agents	ne corpora	uired when reinstating)	pointment as re	gistered	4 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of m familiar with, and accept the obligation of the state of the sta	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE D DIRECTORS	Registere 13.	ed by the structures. FITLE NAME	signature requ	uired when reinstating)	AND DIRECTO	ORS IN 12	:034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of m familiar with, and accept the obligation of registered agent of the control of th	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE D DIRECTORS	Registere 13. 1.1 T 1.2 N 1.3 S	ed by the state of Agent's state of Agen	signature requ	uired when reinstating)	AND DIRECTO	ORS IN 12	(2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of m familiar with, and accept the obligation of registered agent of the control of th	ons of, Section 607.0505, Flo. and title if applicable. (NOTE D DIRECTORS	Registere 13. 1.1 T 1.2 N 1.3 S	ed by the trutes. ITLE NAME STREET ALC CITY-ST-2	signature requ	uired when reinstating)	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of m familiar with, and accept the obligation of the state of manifer with, and accept the obligation of the state of manifer with a support of the state of the	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE D DIRECTORS	Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	ed by the tutes. ITTLE NAME STREET AL CITY-ST-2	signature requ	uired when reinstating)	AND DIRECTO	DRS IN 12	CR2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manual states of the sta	ons of, Section 607.0505, Flo. and title if applicable. (NOTE D DIRECTORS	### Registere 13	ed by the state of	signature requ	uired when reinstating)	AND DIRECTO	DRS IN 12	CR2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifer with, and accept the obligation of the state of manifer with, and accept the obligation of the state	ons of, Section 607.0505, Flo. and title if applicable. (NOTE D DIRECTORS	### Registere 13	ed by the states. ITTLE NAME STREET AL CITY-ST-2 TITLE NAME STREET AL STREET AL	signature required to the state of the state	uired when reinstating)	AND DIRECTO	DRS IN 12	CR2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND TERRANCE, GREGG H. 12744 SAN FERNANDO ROAD SYLMAR CA 91344 VSD KENTOR, ERIC S. 12744 SAN FERNANDO ROAD SYLMAR.CA 91344	of Florida. Such change was a loops of, Section 607.0505, Florida and title if applicable. (NOTE DIRECTORS DELETE	### Company of the co	ed by the state of	signature required to the state of the state	uired when reinstating)	AND DIRECTO	DRS IN 12	CR2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND TERRANCE, GREGG H. 12744 SAN FERNANDO ROAD SYLMAR CA 91344 VSD KENTOR, ERIC S. 12744 SAN FERNANDO ROAD SYLMAR.CA 91344 V/D	ons of, Section 607.0505, Flo. and title if applicable. (NOTE D DIRECTORS	### Registere 13. 1.1 1.2 1.3 1.4 1.3 1.4 1.2 1.4 1.3 1.4 1.3 1.4 1.5 1.	ad by the street at the street	signature required to the state of the state	uired when reinstating)	AND DIRECTO	DRS IN 12 Addition Addition	CR2E034 (11/98)
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND TERRANCE, GREGG H. 12744 SAN FERNANDO ROAD SYLMAR CA 91344 VSD KENTOR, ERIC S. 12744 SAN FERNANDO ROAD SYLMAR.CA 91344 V/D SAYER, KEVIN R.	of Florida. Such change was a loops of, Section 607.0505, Florida and title if applicable. (NOTE DIRECTORS DELETE	### Registers 13.	ad Agent s TITLE NAME STREET AL CITY-ST-Z TITLE NAME STREET AL CITY-ST-Z TITLE NAME STREET AL CITY-ST-Z TITLE NAME	ADDRESS ADDRESS -ZIP	uired when reinstating)	AND DIRECTO	DRS IN 12 Addition Addition	CR2E034 (11/98)
office or nagent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND TERRANCE, GREGG H. 12744 SAN FERNANDO ROAD SYLMAR CA 91344 VSD KENTOR, ERIC S. 12744 SAN FERNANDO ROAD SYLMAR.CA 91344 V/D SAYER, KEVIN R. 12744 SAN FERNANDO ROAD	of Florida. Such change was a loops of, Section 607.0505, Florida and title if applicable. (NOTE DIRECTORS DELETE	### Registere 13. 1.1 1.2 1.3 1.4 1.3 1.4 1.4 1.3 1.4 1.4 1.4 1.4 1.5 1.4 1.5 1.4 1.5 1.	ad Agent s Ad Agent s TITLE NAME STREET AL CITY-ST-2 TITLE NAME STREET AL CITY-ST-1 TITLE NAME STREET AL CITY-ST-1 TITLE NAME STREET AL STREET AL STREET AL STREET AL STREET AL	ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO	DRS IN 12 Addition Addition	CR2E034 (11/98)
office or nagent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND TERRANCE, GREGG H. 12744 SAN FERNANDO ROAD SYLMAR CA 91344 VSD KENTOR, ERIC S. 12744 SAN FERNANDO ROAD SYLMAR.CA 91344 V/D SAYER, KEVIN R.	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	### Registere 13. 1.1 1.2 1.3 1.3 1.4 1.4 1.3 1.4 1.	AND	ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO	DRS IN 12 Addition Addition	CR2E034 (11/98)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND TERRANCE, GREGG H. 12744 SAN FERNANDO ROAD SYLMAR CA 91344 VSD KENTOR, ERIC S. 12744 SAN FERNANDO ROAD SYLMAR.CA 91344 V/D SAYER, KEVIN R. 12744 SAN FERNANDO ROAD	of Florida. Such change was a loops of, Section 607.0505, Florida and title if applicable. (NOTE DIRECTORS DELETE	### Registere 13. 1.1 1.2 1.3 1.4 1.3 1.4 1.2 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.3 1.4 1.3 1.4 1.3 1.	And Agent s TITLE NAME STREET AL CITY-ST-ITTLE NAME STREET AL CITY-ST-ITTLE STREET AL CITY-ST-ITTLE	ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office or nagent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of m familiar with, and accept the obligation of the property of the policy of the property of the policy of the property of the prope	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	### Registere 13. 1.1 1.2 1.3 1.4 1.2 1.4 1.3 1.4 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.	and Agent s TITLE NAME STREET AI CITY-ST-ITTLE NAME STREET AI CITY-ST-ITTLE NAME STREET AI CITY-ST-ITTLE NAME NAME NAME NAME NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of m familiar with, and accept the obligation of the property of the policy of the property of the policy of the property of the prope	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	### Registere 13. 1.1 1.2 1.3 1.4 1.3 1.4 1.4 1.5 1.4 1.5 1.	AND STREET AND CITY-ST-ATTLE NAME STREET AND CITY-ST-ATTLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of m familiar with, and accept the obligation of the property of the policy of the property of the policy of the property of the prope	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	### Registere 13.	AND STREET AND CITY-ST-ITLE NAME STREET AND CITY-ST-ITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of m familiar with, and accept the obligation of the property of the policy of the property of the policy of the property of the prope	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	### Registere 13.	AND STREET AND CITY-ST-ATTLE NAME STREET AND CITY-ST-ATTLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar with accept the obligation o	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	### Registere 13.	AND STREET AND CITY-ST-ITILE NAME STREET AND CITY-ST-ITILE	ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ADDRESS ZIP	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar with accept the obligation o	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	### Registere 13. 1.1 1.2 1.3 1.4 1.3 1.4 1.4 1.5 1.4 1.5 1.4 1.5 1.	AND STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar with accept the obligation o	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE	### Registere 13.	AND STREET ALCITY-ST-ITILE NAME NAME NAME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	uired when reinstating)	AND DIRECTO Change Change	DRS IN 12 Addition Addition	CR2E034 (11/98)
office of magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar with accept the obligation o	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	### Registere 13. 1.1 1.2 1.3 1.4 1.3 1.4 1.4 1.5 1.4 1.5 1.4 1.5 1.	AND STREET ALCITY-ST- TITLE NAME STREET ALCITY-ST-	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	uired when reinstating)	AND DIRECTO Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition	CR2E034 (11/98)
office of magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the sta	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registere 13. 1.1 1.2 1.3 1.4 1.4 1.3 1.4 1.4 1.5 1.4 1.5 1.4 1.5	AND ADDRESS AND AD	ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	uired when reinstating)	AND DIRECTO Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition	CR2E034 (11/98)

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 Pleat 13 or Pleat 14 or Pleat 1 officer or director of the corpora-Block 12 or Block 13 if changed

V.P. and Secretary 4-27-99