

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000009739 (1)

1. Corporation Name

AMERICAN QUALITY MEDICAL SUPPLY, INC.



Principal Place of Business

**915 MIDDLE RIVER DR.
SUITE 501
FT. LAUDERDALE FL 33304**

Mailing Address

**915 MIDDLE RIVER DR.
SUITE 501
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/01/1994

3a. Date of Last Report
03/21/1995

4. FEI Number
65-0471637

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0002 and 607.1506, 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 provisions of Section 607.0002, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

DATE

21 MAR 96

12. OFFICERS AND DIRECTORS

TITLE: DELETE
NAME: **DP BALANOFF, WILLIAM L DDS**
STREET ADDRESS: **915 MIDDLE RIVER DR., SUITE 501**
CITY, ST, ZIP: **FT. LAUDERDALE FL 33304**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
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STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME:

13 STREET ADDRESS:

14 CITY, ST, ZIP:

15 TITLE: Change Addition

16 NAME:

17 STREET ADDRESS:

18 CITY, ST, ZIP:

19 TITLE: Change Addition

20 NAME:

21 STREET ADDRESS:

22 CITY, ST, ZIP:

23 TITLE: Change Addition

24 NAME:

25 STREET ADDRESS:

26 CITY, ST, ZIP:

27 TITLE: Change Addition

28 NAME:

29 STREET ADDRESS:

30 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 of this report or by any amendment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 MAR 96

954-568-9999

CR2E034 (12/95)