

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR 27 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093410 (6)

1. Corporation Name

DOCTORS MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

9405 DUNBEE DRIVE
LAKE WORTH FL 33467

9405 DUNBEE DRIVE
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1994

4. FEI Number

65-0542193

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. 198.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 686 N.E. 125th St.

26 686 N.E. 125th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 N. Miami, FL.

28 N. Miami, FL.

24 Zip 33161 25 Country Date

29 Zip 33161 30 Country Date

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, ROBERTA
9405 DUNBEE DRIVE — 9405 Dundee Drive
LAKE WORTH FL 33487

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

9405 Dundee Drive

B3

B4 City

FL

B5 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

Signature, Name and printed name of registered agent and date of registration

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: BERNSTEIN, ROBERTA
STREET ADDRESS: 9405 DUNBEE DRIVE
CITY-ST-ZIP: LAKE WORTH FL 33487

1.1 TITLE: Change Addition
1.2 NAME: 9405 Dundee Drive
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 included 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, unchanged, or on an attachment with an address.

SIGNATURE:

Robert Bernstein Pres.

3/20/95 305.872-2402

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(Signature Area)