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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000093410 (6)

1. Corporation Name
DOCTORS MEDICAL SUPPLIES, INC.



Principal Place of Business: 215 SW 17 AVE. STE 312 MIAMI FL 33135 US
Mailing Address: 215 SW 17 AVE. STE 312 MIAMI FL 33135-3681 US

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 175 FONTAINE BLEAU BLVD
2a. Mailing Address: 26 175 FONTAINE BLEAU BLVD

4. FEI Number: 65-0542193
Applied For: Not Applicable

Suite, Apt. #, etc.: SUITE 2G13
27 SUITE 2G13

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: MIAMI, FL
28 MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 33172
Country: DADE
29 33172
Country: DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JORGE
215 SW 17 AVE.
STE 312
MIAMI FL 33135

81 Name: JORGE GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable):
83 175 FONTAINE BLEAU BLVD. SUITE 2G13
84 City: MIAMI FL 85 Zip Code: 33172

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PD GONZALEZ, JORGE at 1800 NW 24TH AVENUE #810 MIAMI FL 33125.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes handwritten entries for 5.1-5.4 and 6.1-6.4 with dates and fees.

14. I do 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.

SIGNATURE: _____ DATE: 1-6-97 DAYTIME PHONE #: (305) 225-2003

CR2E034 (9/96)