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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90080 028 ***150.00

DOCUMENT # P95000002468

1. Corporation Name

WOLE MEDICAL SUPPLY, INC.

WOLI W	EDIOAL OUT LT; INO			_									
Principal Place	e of Business	Mailin	g Address					1188		11711 30114 89			
4530 N. HIATUS	S ROAD	4530 N	. HIATUS ROAD										
SUITE 111		SUITE					ļ						
SUNRISE FL 33351 SUNRISE FL 33351									DO	NOT WRI	TE IN THI	S SPACE	
							()		orporated or	Qualifed			
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2. Principal Pl	lace of Business	2a. Ma	ailing Address		_	\ _ /	, 4	4. FEI Num	per			Α	pplied For
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24 277	[23]		ad Agent	30	Т				nd Address		Registere		_
	9. Name and Address of Curre	ein Kedisteit	ed Agent		81	Name		<u> </u>	- Addioss	<u> </u>	10 810 101 0		
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					82	Street A	Address	(P.O. Box N	lumber is No	ot Accepta	able)		}
	N. HIATUS ROAD												
	E 111				83								ļ
SUN	IRISE FL 33351				84	Cit.			_		•	85 Zip	Code
					84	City					F		
11 Pursuant	to the provisions of Sections 607.05	502 and 607.	1508. Florida Stat	tutes, the a	above-i	named c	corporati	ion submits	this stateme	nt for the	purpose o	of changing it	s registered
office or re	registered agent or both in the Stat	te of Florida 🧐	Such change was	authorize	ed by th	he corpor	ration's	board of dir	ectors. I her	eby accer	t the appoint	ointment as r	egistered
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SICH SICHEREQUIRED SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #