

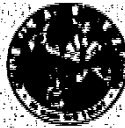
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V06917** (1)

1. Corporation Name
WALDO MEDICAL SUPPLIES INC.

Principal Place of Business 1030 SHORE LANE MIAMI BEACH FL 33141	Mailing Address 1030 SHORE LANE MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/15/1992	3a. Date of Last Report 04/29/1994
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number 65-0311806	Applied For Not Applicable
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22	27
City & State	City & State

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

23	28
Zip	Country

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

24	25	29	30
Zip	Country	Zip	Country

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDMAN, CORY
1030 SHORE LANE
MIAMI BEACH FL 33141**

81 Name ROSELLE FRIEDMAN
82 Street Address (P.O. Box Number is Not Acceptable) 1030 SHORE LANE
83
84 City MIAMI BEACH
85 Zip Code FL 33141

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 *Philip Friedman*

(NOTE: Registered Agent signature required when re-registering)

DATE **4-12-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	FRIEDMAN, CORY
NAME	1030 SHORE LANE
STREET ADDRESS	MIAMI BEACH FL
CITY - ST - ZIP	
TITLE D	FRIEDMAN, ROSELLE
NAME	1030 SHORE LANE
STREET ADDRESS	MIAMI BEACH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE D	FRIEDMAN, PHILIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1030 SHORE LANE	
1.3 STREET ADDRESS	MIAMI BEACH, FL 33141	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, upon an attachment with an address.

SIGNATURE: *Philip Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-12-95**

305-864-4541