

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **292720** (0)

1. Corporation Name

SOUTHERN SURGICAL SUPPLY CO



Principal Place of Business

POST OFFICE BOX 7127
6301 NO. FLORIDA AVE.
TAMPA FL 33604

Mailing Address

POST OFFICE BOX 7127
6301 NO. FLORIDA AVE.
TAMPA FL 33604

3. Date Incorporated or Qualified
05/07/1965

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 **6301 N. FLORIDA AVE.**

2a. Mailing Address

26 **P.O. Box 7127**

4. FEI Number
59-1095081

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **TAMPA FL.**

City & State

28 **TAMPA, FL.**

Zip

24 **33604**

Country

Zip

29 **33673**

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLO, LIONEL R.
6301 N. FL AVE.
TAMPA FL 33604**

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 607.0502 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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ DELETE
NAME **POLO, LIONEL R.**
STREET ADDRESS **6301 N. FLA. AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **POLO, MARTIN**
STREET ADDRESS **6301 N. FLA. AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VST** ☐ DELETE
NAME **POLO, MICHAEL L.**
STREET ADDRESS **6301 N. FLA. AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **POLO, MICHAEL L.**
STREET ADDRESS **6301 N. FLA. AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MC** ☒ Change ☐ Addition
1.2 NAME **POLO, LIONEL R.**
1.3 STREET ADDRESS **6301 N. FLORIDA AVE**
1.4 CITY-ST-ZIP **TAMPA, FL.**

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

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **PD**
5.3 STREET ADDRESS **POLO, SANDRA M.**
5.4 CITY-ST-ZIP **6301 N. FLORIDA AVE**
TAMPA, FL.

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-05/01/96--01017--009
*****200.00**

4-30-96

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 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 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:

Michael Polo

MICHAEL POLO

Vice President

1/15/96

813-237-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)