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

CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

|  | 1996  | DIVISION C   | OF CORPORATION   | SNC  |   |  |   |
|--|---|--|--|--|---|--|---|
| DOCUN<br>. Corporation   | MENT # 3452   | 227 (3)  |  |  |   |  |   |
| BROV   | NARD MEDICAL SUPPLY   | INC  |  |  |   |  |   |
|  |   |  |  |  |   |  |   |
| rincipal Place   | of Business   | Mailing Address  |  |  |   |  |   |
| 911 E. ATLANTIC BLVD.<br>POMPANO BEACH FL 33060  |   | 911 E. ATLANTIC BLVD.<br>POMPANO BEACH FL 33060  |  |  |   |  |   |
|  |   |  |  |  | 3. Date Incorporated or Qualified   | 3a. Date of Last   |   |
| Principal Pla  | ice of Business   | 2a, Mailing Address  |  |  | 04/28/1969<br>4. FEI Number   | 01/17  | Applied For   |
| والمراجع والمراجع  | ······································  | 26   |  |  | 59-1258358  | <u> </u>   | Not Applicable  |
| Suite, Apt. #  | J, etc.   | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired  | 1 1  | 75 Additional<br>e Required                                 |
| City & State   |   | City & State   |  | ·  | 6. Election Campaign Financing  | _ \$5  | .00 May Be  |
|  | Country   | <b>28</b>   Zip  | Country  |  | Trust Fund Contribution   | Ade  | ded to Fees   |
|  | 25  | 29   | 30   |  | This corporation has liability for Florida Statutes                               | r intangiole tax under<br>s  | s 199.032,  |
|  | g, Name and Address of Curr   | ent Registered Agent   |  |  | 10. Name and Address of New I   | Registered Agent   |   |
| OH.JO  | HN H  |  | 61   | Name   |   |  |   |
| •  | IW 42 COURT   |  | 82   | Street Addr  | ress (P.O. Box Number is Not Acceptat   | ble)   |   |
|  | . SPRINGS FL 33071  |  | 83   |  |   |  |   |
|  |   |  |  |  |   |  |   |
|  |   |  | 184  | City.  |   | امما   |   |
| familiar with  | o the provisions of Sections 607.05<br>d agent, or both, in the State of Fic<br>b, and accept the obligations of, Se                            |  |  | amed serves  | ration submits this statement for the pured of directors. I hereby accept the app | <u> </u>   | Zip Code<br>s registered office<br>ed agent. I am           |
| familiar with  | n, and accept the obligations of Se   | ent and title if applicable (ND DIRECTORS)   | rtes, the above-n  | amed corpor<br>oratior 's boar                                 | ro of directors. Thereby accept the app   | urpose of changing its   | s registered office<br>ed agent. I am                       |
| familiar with  | and accept the obligations of, So<br>Surature typed or probadiance of registered again  | ent and life it applicable   | rites, the above-noised by the corporate Note: Registered Agent 13.  | amed corpor<br>oratior 's boar                                 | ro of directors. I hereby accept the app  | urpose of changing its   | s registered office<br>ed agent. I am<br>TORS IN 12         |
| familiar with  | And accept the obligations of, So<br>Surature typed or probadianic of registered up<br>OFFICERS A<br>P<br>OH, JOHN H                            | ent and title if applicable (ND DIRECTORS)   | rites, the above-noised by the corporate Note Registered Agent 13.  1 1 TITLE 1.2 NAME   | amed corpor<br>pration's boar<br>signature required            | ro of directors. I hereby accept the app  | rpose of changing its<br>pointment as register<br>DATE<br>FICERS AND DIRECT            | s registered office<br>ed agent. I am<br>TORS IN 12         |
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| GNATURE St. LEF ME SELLADDRESS Y-SI-ZEP  | P OH, JOHN H 6300 NW 42 COURT CORAL SPRINGS FL D  | ent and title if applicable (ND DIRECTORS)   | rites, the above-noised by the corporate Note Registered Agent 13.  1 1 TITLE 1.2 NAME   | amed corpor<br>pration 's boar<br>signature required           | ro of directors. I hereby accept the app  | rpose of changing its<br>pointment as register<br>DATE<br>FICERS AND DIRECT            | s registered office<br>ed agent. I am  TORS IN 12  Addition |
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