

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 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 # 345227 (3)  
1. Corporation Name  
BROWARD MEDICAL SUPPLY INC



Principal Place of Business  
911 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

Mailing Address  
911 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060-7372

3. Date Incorporated or Qualified  
04/28/1969

3a. Date of Last Report  
02/20/1996

4. FEI Number  
59-1258358

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

OH,JOHN H  
6300 NW 42 COURT  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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 of Registered Agent or Secretary of Corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OH,JOHN H	
STREET ADDRESS	6300 NW 42 COURT	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARR, FRANCES	
STREET ADDRESS	973 ISLETA AVENUE	
CITY - ST - ZIP	SANTA BARBARA, CAFL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OH, KATHY M	
STREET ADDRESS	6300 NW 42 COURT	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0143173

CR2E034 (9/96)