FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **415548** **(7)**

1. Corporation Name

MEDICAL HEALTH SUPPLY, INC.

Principal Place of Business	Mailing Address
1025 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33409	1025 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: **12/28/1972**
3a. Date of Last Report: **03/23/1995**

4. FEI Number: **59-1430083** ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

NEIER, MAX
OXFORD 200 CENTURY VILLAGE
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name: STANLEY LUSTIG
82 Street Address (P.O. Box Number is Not Acceptable): 416 TROTTERS LANE
83 WEST PALM BEACH,
84 City FL 85 Zip Code 33411

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: STANLEY LUSTIG Stanley Lustig 3/12/96
(If changing Registered Agent, Registered Agent must sign) (Corporate Officer or Director must sign) Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NEIER,H. DAVID	
STREET ADDRESS	4657 JUNIPER LANE	
CITY-ST-ZIP	PALM BCH GARDNES FL	
TITLE	STD	☐ DELETE
NAME	NEIER,JUDIE	
STREET ADDRESS	4657 JUNIPER LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VP	☐ DELETE
NAME	NEIER, ROBERT	
STREET ADDRESS	1506 KINGSLEY ROAD	
CITY-ST-ZIP	JUPITER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: H. David Neier H. DAVID NEIER 4/2/96 407-6894433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)