

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

AMENDED ART 6/25

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra M. Mumford
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 482297
 1. Corporation Name
 South Florida Medical Supply Company

Principal Place of Business Mailing Address
 12221 SW 6 ST
 MIAMI FL 33184

FILED
 95 MAR 23 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THESE SPACES

2. Principal Place of Business 2a. Mailing Address
 21 26
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 23 City & State 28 City & State
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified Date of Last Report
 05-14-75
 4. FEI Number 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 ARMANDO TORRES
 12221 SW 6 ST.
 MIAMI, FL 33184

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL 95 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, typewritten or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | PRESIDENT / VP / DIR |
| NAME | ARMANDO TORRES |
| STREET ADDRESS | 12221 SW 6 ST |
| CITY- ST- ZIP | MIAMI FL 33184 |
| TITLE | SECRETARY / TREASURER |
| NAME | BRUNDA H TORRES |
| STREET ADDRESS | 12221 SW 6 ST |
| CITY- ST- ZIP | MIAMI FL 33184 |
| TITLE | DIRECTOR |
| NAME | BISA H MONTANO |
| STREET ADDRESS | 3484 SW 16 AVENUE |
| CITY- ST- ZIP | MIAMI FL 33135 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| 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 | 900001442683 |
| 13 STREET ADDRESS | -03/23/95--01048--009 |
| 14 CITY- ST- ZIP | *****61.25 *****61.25 |
| 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 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 subsequent annual report is true and accurate and that my appointment 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 a person 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: ARMANDO TORRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2-24-95