

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001897 (7)

1. Corporation Name

SCIENTIFIC HOSPITAL SUPPLIES, INC.

Principal Place of Business

8051 CESSNA AVENUE, STE 208
GAITHERSBURG MD 20879

Mailing Address

8051 CESSNA AVENUE, STE 208
GAITHERSBURG MD 20879

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

4. FEI Number

51-0276083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VC
GILL, BRIAN
100 WAVERTREE BLVD
LIVERPOOL, UK L7 9PT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
CASSIDY, FRANCIS
100 WAVERTREE BLVD
LIVERPOOL, UK L7 9PT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
PARTINGTON, TONY
100 WAVERTREE BLVD
LIVERPOOL, UK L7 9PT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☒ Addition

**CEO
MARK A. DEFRIES
8051 CESSNA AVENUE SUITE 208
GAITHERSBURG MD 20879**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated is the annual report or supplemental annual report to 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, secretary, or the duly authorized agent or attorney-in-fact of the corporation; and that my name appears in Block 12 or Block 13 of this report, or on the attached statement, or on the attached statement, or on the attached statement, or on the attached statement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

361-810-0468