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Jan 29 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 # F94000001897 (7)

1. Corporation Name
SCIENTIFIC HOSPITAL SUPPLIES, INC.



Principal Place of Business
8051 CESSNA AVENUE, STE 288
GAITHERSBURG MD 20879

Mailing Address
8051 CESSNA AVENUE, STE 288
GAITHERSBURG MD 20879-4170

3. Date Incorporated or Qualified
04/13/1994

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

21 9600 Medical Ctr. Dr.

Suite, Apt. #, etc.
22 Suite 102

City & State

23 Rockville, MD

Zip
24 20850

Country
25 USA

2a. Mailing Address

26 P.O. Box 117

Suite, Apt. #, etc.

City & State

28 Gaithersburg, MD

Zip
29 20884

Country
30 USA

4. FEI Number

51-0276083

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VC ☐ DELETE

NAME GILL, BRIAN
STREET ADDRESS 100 WAVERTREE BLVD
CITY - ST - ZIP LIVERPOOL, UK L7 9PT

TITLE STD ☒ DELETE

NAME CASSIDY, FRANCIS
STREET ADDRESS 100 WAVERTREE BLVD
CITY - ST - ZIP LIVERPOOL, UK L7 9PT

TITLE D ☒ DELETE

NAME PARTINGTON, TONY
STREET ADDRESS 100 WAVERTREE BLVD
CITY - ST - ZIP LIVERPOOL, UK L7 9PT

TITLE CEO ☐ DELETE

NAME DEFRIES, MARK A.
STREET ADDRESS 8051 CESSNA AVE, STE 258
CITY - ST - ZIP GAITHERSBURG MD

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

11 TITLE Director ☐ Change ☒ Addition

12 NAME Jim Marshall, c/o Nutricia
13 STREET ADDRESS New Market Ave., White House Business
14 CITY - ST - ZIP Trowbridge, Wiltshire Park

21 TITLE BA14 0XQ UK ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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)(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 applicable, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

301-840-0408

Daytime Phone #

CR20034 (9/96)