

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:02

DOCUMENT # **G73704** (0)

1. Corporation Name
AMERICAN SURGICAL SUPPLY CORP. OF FLORIDA

Principal Place of Business
**6073 N.W. 167TH ST. UNIT C-25
MIAMI FL 33015**

Mailing Address
**6073 N.W. 167TH ST. UNIT C-25
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/01/1983** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business

2a. Mailing Address

21 **6073 N.W. 167th ST.**
Suite, Apt. #, etc.

26 **6073 N.W. 167th ST.**
Suite, Apt. #, etc.

4. FEI Number
59-2360561

Applied For
 Not Applicable

22 **C-27**
City & State

27 **C-27**
City & State

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

23 **MIAMI, FL.**
Zip Country

28 **MIAMI, FL.**
Zip Country

24 **33015**

25

29 **33015**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLAGHER, JOHN P.
2265 MAGANS OCEAN WALK ATLANTIS
(UNIT C-25)
VERO BEACH FL 32963**

81 Name **GALLAGHER, JOHN P.**
82 Street Address (P.O. Box Number is Not Acceptable)
**2265 MAGANS OCEAN WALK
ATLANTIS**
83
84 City **VERO BEACH** FL 85 Zip Code **32963**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT**
NAME **GALLAGHER, JOHN P.**
STREET ADDRESS **2265 MAGANS OCEANS WALK ATLANTIS**
CITY- ST- ZIP **VERO BEACH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **DS**
NAME **GALLAGHER, JULIA A**
STREET ADDRESS **2265 MAGANS OCEAN WALK ATLANTIS**
CITY- ST- ZIP **VERO BEACH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **DP**
NAME **GALLAGHER, JOHN B**
STREET ADDRESS **2701 SEA ISLAND DR**
CITY- ST- ZIP **FT LAUDERDALE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(2)(b), Florida Statutes. I further certify that the information included 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:

JOHN B. GALLAGHER

1/23/95

305-825-5565

Signature and typed or printed name of signing officer or director

Date

Telephone #