

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 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 # **G73704** (0)

1. Corporation Name  
**AMERICAN SURGICAL SUPPLY CORP. OF FLORIDA**



Principal Place of Business

**6073 N.W. 167TH ST.  
C-27  
MIAMI FL 33015  
US**

Mailing Address

**6073 N.W. 167TH ST.  
C-27  
MIAMI FL 33015-4314  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**12/01/1983**

3a. Date of Last Report

**04/28/1996**

4. FEI Number

**59-2360561**

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

**GALLAGHER, JOHN P.  
2285 MAGANS OCEAN WALK  
ATLANTIS  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name

**JOHN B. GALLAGHER**

82 Street Address (P.O. Box Number is Not Acceptable)

**6073 NW 167th STREET**

83

**UNIT C-27**

84 City

**MIAMI**

**FL**

85 Zip Code

**33015**

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: **X** *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/8/97**

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE

NAME **GALLAGHER, JOHN P.**  
STREET ADDRESS **2285 MAGANS OCEANS WALK ATLANTIS**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE **DS** ☒ DELETE

NAME **GALLAGHER, JULIA A**  
STREET ADDRESS **2285 MAGANS OCEAN WALK ATLANTIS**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE **DP** ☐ DELETE

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

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DTS** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address.

SIGNATURE: **X** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/97**

Date

**305-825-5565**

Daytime Phone #

CR2E034 (9/96)