PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

1400 E. HILLSBORO BLVD., #B

DEERFIELD BCH. FL 33441-4109

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip---

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G92520

1. Corporation Name

MARTINS' MEDICAL SUPPLY, INC.

....Country

25

1400 E. HILLSBORO BLVD., #B DEERFIELD BCH. FL 33441

MARAGNI, MARTIN P

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9. Name and Address of Current Registered Agent

Mailing Address

2a. Mailing Address

City & State

1400 E. HILLSBORO BLVD.. #B DEERFIELD BCH. FL 33441-4109

Suite, Apt. #, etc.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90211 029 *****8.45 05-03-1999 90023 042 ***141.55

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes

954 480 9000

Not Applicable



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/21/1984 4. FEI Number

59-2388645

5. Certificate of Status Desired

6. Election Campaign Financing

B. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

				l		
			84	City	FL 85 Zip C	ode
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 eccept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or pointed name of regustered agent and late if applicable. (NOTE: Registered Agent signature required when remetating) DATE						
	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	28 IN 12
12.			1.1 MLE		☐ Change	Addition
			12 NAME			
	MARAGNI, MARTIN P					1
	426 NW 38 STREET			T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-S	T-ZIP	☐ Change	Addition
TITLE		DELETE	2.1 TITLE		□ Ciange	L'Addition
NAME			22 NAME			[
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-5	IT-ZIP		
TITLE		DELETE	3.1 TTLE		Change	☐ Addition
NAME		ŀ	3.2 NAME			1
STREET ADDRESS			3.3 STREE	TADORESS	,	
CITY- ST-ZP			3.4. CITY-5	T-ZIP		
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME		l	4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			44 C/TY-5	T- ZIP	Change	☐ Addition
TITLE		_	S.1 TITLE		. Charge	(1,000,000)
NAME		i	5.2 NAME			į
STREET ADDRESS				TADDRESS		1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	_	DELETE	6.1 TITLE		Change	Addition
NAME		ŀ	6.2 NAME			
STREET ADDRESS		I	8.3 STREE]
CITY-ST-ZIP			6.4 CITY-S			
14. I 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 cath; that I am an officer or director of the corporation or the receiver or trustee amprovement 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, with all other fike empowered.						

Country

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