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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06481 (6)

1. Corporation Name
WEST FLORIDA MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
% DAN M. SAMARGYA 12205 PEPPERMILL DRIVE BAYONET POINT FL 34667-2330	% DAN M. SAMARGYA 12205 PEPPERMILL DRIVE BAYONET POINT FL 34667-2330

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 06/04/1984	3a. Date of Last Report: 02/18/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2465323	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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

SAMARGYA, DAN M.
12205 PEPPERMILL DRIVE
BAYONET POINT FL 33567

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	SAMARGYA, DAN M.	1.2 NAME	
STREET ADDRESS	12205 PEPPERMILL DRIVE	1.3 STREET ADDRESS	Samargya, Dan M. 12204 Peppermill Dr.
CITY-ST-ZIP	BAYONET FL	1.4 CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	DST	2.1 TITLE	☒ Change ☐ Addition
NAME	SAMARGYA, DOROTHY MAE	2.2 NAME	
STREET ADDRESS	12205 PEPPERMILL DRIVE	2.3 STREET ADDRESS	Samargya, Dorothy Mae 12205 Peppermill Dr.
CITY-ST-ZIP	BAYONET FL	2.4 CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMARGYA, MILAN	3.2 NAME	
STREET ADDRESS	12205 PEPPERMILL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Dan M Samargya 1-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0460022 FP