

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H41886** (3)

1. Corporation Name

SUNBELT MEDICAL SUPPLY, INC.



Principal Place of Business

**10220 NW 50TH ST
SUNRISE FL 33351-8078
US**

Mailing Address

**10220 NW 50TH ST
SUNRISE FL 33351-8078
US**

3. Date Incorporated or Qualified
02/08/1985

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2507648

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILLON, JONATHAN M
11901 SW 2ND ST.
PLANTATION FL 33325**

81

Name

DILLON, JONATHAN M.

82

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

6341 NW 65TH TERRACE

83

84

City

PARKLAND

FL

85

Zip Code

33067

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 ☐ DELETE
NAME **PDS**
STREET ADDRESS **DILLON, JONATHAN M.**
CITY-ST-ZIP **11901 SW 2ND ST
PLANTATION FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition
2. 1 NAME **PDS**
3. 1 STREET ADDRESS **DILLON, JONATHAN M.**
4. 1 CITY-ST-ZIP **6341 NW 65TH TERRACE
PARKLAND, FL. 33067**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **J M Dillon** **JONATHAN M. DILLON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 **305-572-6604**

Date

Daytime Phone #

CR2E034 (12/95)