FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED

DOCUMENT # J10912 (0)

1. Corporate Name
U.S. HEALTH DISTRIBUTORS, INC.

Principal Address
7830 ELLIS RD
MELBOURNE FL 32904

Mailing Address
7830 ELLIS RD
MELBOURNE FL 32904

3. Date Incorporated or Qualified: 04/24/1986
3a. Date of Last Report: 05/01/1994

2. Former Name (Number) 21
2a. Former Name 26
Date Adopted 22
Date Adopted 27
Date Adopted 23
Date Adopted 28
24 25 29 30

4. FEI Number: 59-2680215 — 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. Is the corporation a small business corporation as defined in s. 1244(c) Internal Revenue Code? Yes ☒ No ☐

9. Name and Address of Current Registered Agent
RICE, MARK S.
3950 DOW ROAD, SUITE #B
MELBOURNE FL 32934

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to Section 607.0505, Florida Statutes, the undersigned corporation submits the following statement of change of registered office or registered agent, or both, in the state of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	VD
Name	RICE, STEPHANIE A.
Street Address	7830 ELLIS RD
City, State, Zip	MELBOURNE FL
Title	PD
Name	RICE, MARK S.
Street Address	7830 ELLIS RD
City, State, Zip	MELBOURNE FL

13. ADDITIONS, CHANGES, WITHDRAWALS AND CORRECTIONS

Title / Name / Street Address / City, State, Zip — ☐ Change ☐ Addition

Title / Name / Street Address / City, State, Zip — ☐ Change ☐ Addition

Title / Name / Street Address / City, State, Zip — ☐ Change ☐ Addition

Title / Name / Street Address / City, State, Zip — ☐ Change ☐ Addition

Title / Name / Street Address / City, State, Zip — ☐ Change ☐ Addition

Title / Name / Street Address / City, State, Zip — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is complete and does not qualify for the exemption statutes of Section 119.07, Florida Statutes. Further certify that the information contained in this report or in any supplemental attachment to this report does not contain any material false statement or omission of material fact which would cause the report to be misleading in light of the circumstances under which it was made. I further acknowledge that the signature appearing below is the signature required by Chapter 607, Florida Statutes, and that the signature appears on Block 12 or 13 of this report and is duly authorized by the corporation.

SIGNATURE: 4/26/95 407-722-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0072022 CP