

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K62785

(6)

1. Corporation Name

R.M.S. MEDICAL SUPPLY COMPANY

Principal Place of Business

10182 NW 47TH ST.
SUNRISE FL 33351

Mailing Address

POST OFFICE BOX 15902
PLANTATION FL 33318



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

9. Name and Address of Current Registered Agent

SINGER, JOSEPH K
201 NORTH UNIVERSITY DR. #114
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/02/1989

3a. Date of Last Report

03/09/1995

4. FET Number

65-0100593

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

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 607.0202 and 607.1501, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report.

Signature of the person who is authorized to sign this report.

Signature of the person who is authorized to sign this report.

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
SCHECHTER, MELISSA
10101 W. SUNRISE BLVD. #105
PLANTATION FL 33322

☐ DELETE

2. TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

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