

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

1042

98 OCT 30 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K 91269 1. Corporation Name METRO MEDICAL SUPPLY, INC.	

Principal Place of Business 3400 SW 26 TH TERRACE SUITE A-9 FT. LAUDERDALE, FL 33312	Mailing Address 3400 SW 26 TH TERRACE SUITE A-9 FT. LAUDERDALE, FL 33312
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2. Principal Place of Business 21 3400 SW 26 TH TERRACE Suite, Apt. #, etc. 22 SUITE A-9 City & State 23 FT. LAUDERDALE, FL Zip 24 33312	2a. Mailing Address 26 3400 SW 26 TH TERRACE Suite, Apt. #, etc. 27 SUITE A-9 City & State 28 FT. LAUDERDALE, FL Zip 29 33312	Country 25 USA 30 USA
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 5/22/1989	
4. FEI Number 65-0127632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIAMOND, BARRY A. 2300 E. LAS OLAS BLVD SUITE 400 FT. LAUDERDALE, FL 33301	
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10. Name and Address of New Registered Agent	
81 Name ADAM C. FIRTEL	82 Street Address (P.O. Box Number is Not Acceptable) 3400 SW 26 TH TER.
83 SUITE A-9	84 City FT. LAUDERDALE, FL
85 Zip Code 33312	

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] Signature, if not of person who is registered agent and title if applicable	DATE 10/28/98 NOTE: Registered Agent signature required when reinstating.

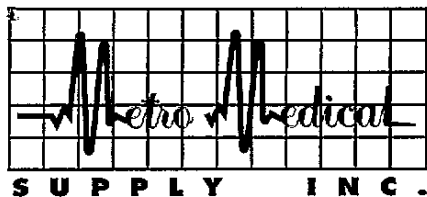
12. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME ADAM C. FIRTEL	
STREET ADDRESS 19233 REDBERRY CT.	
CITY-ST-ZIP BOCA RATON, FL 33498	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME ADAM C. FIRTEL	
STREET ADDRESS 19233 REDBERRY CT.	
CITY-ST-ZIP BOCA RATON, FL 33498	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

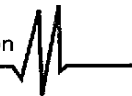
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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: [Signature] Signature, if not of person who is registered agent and title if applicable	DATE 10/28/98 (954)792-7920

CR2E034 (5/98)

2012



The Discount Medical Products Company For The Medical Profession



October 28, 1998

Florida Department of State
Division of Corporations
Ms. Trevor Brumley
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Annual Report for Metro Medical Supply, Inc., FEI 65-0127632
Corporate Account K91269

Dear Ms. Brumley:

Enclosed is the Corporation Annual Report for Metro Medical Supply, Inc., along with payment for the years 1996-1998, in the amount of \$523.75 (\$8.75 has been included for a Certificate of Status). As we discussed, there was an address change for Metro Medical back in 1994 and we would like to be back in good standings with the State of Florida.

I am also enclosing a copy of our prior correspondence as a reference. If you have any questions, please do not hesitate in contacting me at the telephone number listed below.

I thank you in advance for your prompt attention regarding this matter.

Sincerely,

Adam C. Firtel
President

Enclosure