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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K91998

(0)

1. Corporation Name

WALLACE MEDICAL SUPPLY, INC.

Principal Place of Business
3524-A TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address
3524-A TAMiami TRAIL
PORT CHARLOTTE FL 33952-8100

3. Date Incorporated or Qualified

05/26/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0123477

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

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

WALLACE, NINA L. S.
3524-A TAMiami TRAIL
PORT CHARLOTTE FL 33952

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

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
WALLACE, WAYNE L.
STREET ADDRESS
22223 BUFFALO AVE.
CITY - ST - ZIP
PT. CHARLOTTE FL

TITLE ☐ DELETE

NAME
WALLACE, NINA L. S.
STREET ADDRESS
22223 BUFFALO AVE.
CITY - ST - ZIP
PT. CHARLOTTE FL

TITLE ☐ DELETE

NAME
SHAFFER, DELBERT E.
STREET ADDRESS
2200 BUTTWOOD AVE.
CITY - ST - ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
SHAFFER, SARA E.
STREET ADDRESS
2200 BUTTWOOD AVE.
CITY - ST - ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

I 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 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 familiar with, and accept the obligations of, Chapter 607, Florida Statutes; and that my name is not listed in Block 12 or Block 13 if changed, or on an attachment with an address.

Wayne L. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)