

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # K91998

(0)

1. Corporation Name

WALLACE MEDICAL SUPPLY, INC.

Principal Place of Business

Mailing Address

3524-A TAMiami TRAIL
PORT CHARLOTTE FL 33952

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PORT CHARLOTTE FL 33952

FILED
Apr 24 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. 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 607.0502 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, WAYNE L.		1.2 NAME	
STREET ADDRESS	22223 BUFFALO AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL		1.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, NINA L. S.		2.2 NAME	
STREET ADDRESS	22223 BUFFALO AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL		2.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFER, DELBERT E.		3.2 NAME	
STREET ADDRESS	2200 BUTTONWOOD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFER, SARA E.		4.2 NAME	
STREET ADDRESS	2200 BUTTONWOOD AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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.

CR2E034 (1097)

SIGNATURE:

Wayne L. Wallace

4/14/98 941-627-9855