


FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90018 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L11216

1. Corporation Name

KIN SURGICAL AND MEDICAL SUPPLY, CORP.

Principal Place of Business

4979 WEST ATLANTIC AVE
DELRAY BEACH FL 33445
US

Mailing Address

4979 WEST ATLANTIC AVE
DELRAY BECH FL 33445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1989

4. FEI Number

65-0141650

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 the current year Intangible
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

BLITZ, NAOMI
8270 BOCA RIO DR
BOCA RATON FL 33433

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 **P** ☐ DELETE
 NAME **BLITZ, NAOMI**
 STREET ADDRESS **8270 BOCA RIO DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

BLITZ

4/2/99

(561) 445-7501

Date

Daytime Phone #

CR2E034 (11/98)