

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

04-07-1999 90018 041 ***150.00

FILED

Apr 07, 1999 8:00 am Secretary of State

DOCUMENT # L11216 1. Corporation Name

KIN SURGICAL AND MEDICAL SUPPLY, CORP.

									:
Principal Place of Business		Mailing Address				I (BBT(B1) OD) (f#Bi (fBt0 1188) (1819 Hill) OCUTA	PIEM AIGH AIGH B	iffit fistis colle	
4979 WEST ATLANTIC AVE		4979 WEST ATLANTIC AVE							
DELRAY BEACH FL 33445		DELRAY BECH FL 33445		DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualified			1
I						08/22/1989			
2 Dringland Of	lace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For	
_	ace or positions	28				65-0141650	No	Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.					\$8.75 A	dditional	
22	т, Ош.	27				5. Certificate of Status Desired	Fee Re	quired	
City & Stati	0	City & State	ونشنب			6. Election Campaign Financing	\$5.00		l
23		28				Trust Fund Contribution	Added t	Fees	יר
Zip	Country Zip		Country			8. This corporation owes the current year to	eldignstn	П.	
24 25		29	29 30			Personal Property Tax.		□No	
	9. Name and Address of Cur	rent Registered Agent		1001	11	10. Name and Address of New Registers	Agent		l '
				81	Name	_			ļ
	z, naomi			82	Street Add	tress (P.O. Box Number is Not Acceptable)			1
) BOCA RIO DR								'
BOC	A RATON FL 33433			63					
				84	City	F	85 Zp (ebo	
						tion culturies this statement for the number	d changing its	ragistered	
11. Pursuant	to the provisions of Sections 607.4	0502 and 607.1508, Florida Statut	as. Una a					deteraci	
					-named com he corporati	ion's board of directors. I hereby accept the app	olnument as rej	potoro	
	egistered agent, or both, in the Sta m familiar with, and accept the ob-				named corporati	ion's board of directors. I hereby accept the app	omunent as re	,1010100	,
	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ite of Florida, Such change was a ligations of, Section 607.0505, Flo	rida Stat	tutes.	ne corporad		omment as re		, =
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered	agent and title 4 applicable. (NOTE	rida Stat	lutes.	ne corporad	red when reinstating) OATE			- (88)
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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: