

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L32993

(2)

1. Corporation Name

A.R. MEDICAL SUPPLIES, INC.

FILED
Mar 18 1996 8:00 am
Secretary of State



Principal Place of Business

1600 N.W. 3RD ST.
DEERFIELD BEACH FL 33442-1644

Mailing Address

1600 N.W. 3RD ST.
DEERFIELD BEACH FL 33442-1644

2. Principal Place of Business

2a. Mailing Address

21

26

Subs., Apt. #, etc.

Subs., Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RECTOR, AMY
1600 N.W. 3RD ST.
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0156810

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

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is changing the registered office or agent

Signature of the person who is changing the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
RECTOR, AMY
1600 N.W. 3RD ST.
DEERFIELD BEACH FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PST
RECTOR, AMY
1600 NW 3RD ST.
DEERFIELD BEACH FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOLDBERG, MIRIAM
1600 NW 3RD ST.
DEERFIELD BEACH FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

CR2E034 (12/95)