FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 NOV 14 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32993

1. Corporation Name
A.R. Medical Supplies, Inc.

Principal Place of Business / Mailing Address
1600 N. W. 3rd Street
Deerfield Beach, FL 33442-1644

2. Principal Place of Business
21 2205 Highway 42 North
22 Suite, Apt. #, etc
23 City & State: McDonough, GA
24 Zip: 30253 25 Country: USA

2a. Mailing Address
26 2205 Highway 42 North
27 Suite, Apt. #, etc
28 City & State: McDonough, GA
29 Zip: 30253 30 Country: USA

3. Date Incorporated or Qualified: 11/27/89
3a. Date of Last Report: 3-18-96
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

9. Name and Address of Current Registered Agent
Amy Rector
1600 N.W. 3rd Street
Deerfield Beach, FL 33442-1614

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Laura R. Dunlap — Laura R. Dunlap, As Agent — 11-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Sec/Treas/Dir Amy Rector 1600 N.W. 3rd Street Deerfield Beach, FL 33442-1644 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Pres/Sec/Treas/Dir Mark J. Gainor 2205 Highway 42 North McDonough, GA 30253 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Miriam Goldberg 1600 N.W. 3rd Street Deerfield Beach, FL 33442-1644 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Assistant Sec. Philip H. Moise 999 Peachtree Street, N.E. Ste. 1400 Atlanta, GA 30309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Assistant Sec. J. Michael Highland 2205 Highway 42 North McDonough, GA 30253 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900002347949—7 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Mark J. Gainor/Pres 11/7/97 770-474-0474

L32993

CSC THE UNITED STATE CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 596536 4371512

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 173.75

ORDER DATE : November 11, 1997

ORDER TIME : 12:44 PM

ORDER NO. : 596536-005

CUSTOMER NO: 4371512

CUSTOMER: Donna M. Kendrick, Paralegal
Nelson Mullins Riley &
First Union Plaza
999 Peachtree Street Ste. 1400
Atlanta, GA 30309

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: A.R. MEDICAL SUPPLIES, INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

RECEIVED
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