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PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

L57615

(1)

DOCUMENT # L57615 (1)  ACS MEDICAL SALES, INC.							
incipal Place of Business		Marting Address 7266 N.W. 66TH STREET		i implicate del actor characteria i indi			
266 N.W. 66TI MAMI FL 3316			W. 661H STREI L 33166	.1			
.,.,mi 1 C VV10	· <del>·</del>			3. Date Incorporated or Qualified	3a. Date of Last Report		
					03/12/1990 4. FEI Number	03/10/199	pplied For
Principal Plac	e of Business	2a. Mailing	J Address		65-0180806	L <del>1</del> _	lot Applicable
Code Apt Works		26			\$8.75	Additional	
Suite. Apt. #,	etc.	27	raphic transfer		5. Certificate of Status Desired		Required
City & State		City &	State		6. Election Campaign Financing	F-1	May Be
- · <b>,</b> ·		28		·	Trust Fund Contribution  8. This corporation has liability for		
Zip	Country	Zip)		Country	Florida Statutes Yes	s No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curren	29  nt Registered /	Agent	]30]	10. Name and Address of New I	Registered Agent	
	S. Hame and Address of Other		<u> </u>	81 Nanie			
FAIF IF	FFREY M.			82 Street Adde	ess (P.O. Box Number is Not Accepta	ible)	
2222 PA	NCE DE LEON BLVD.						
	USE SUITE			83			
CORAL (	GABLES FL 33134			84 City	ration submits this statement for the pard of directors. Thereby accept the ap	FI I	p Code
		ND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	DRS IN 12
F	PSD		□ DEFF 1E		•	□ 4	_
¶E.	santiago, lydia			1.2 NAME			
	TODO NIM COTH CTDEET			1,3 STREET ADDRESS			
	7266 N.W. 66TH STREET			1.3 STREET ADDRESS 1.4 City-St-7/F			E Addition
r-ST-ZIP	7266 N.W. 66TH STREET MIAMI FL		☐ DETE IF			☐ Change	☐ Addition
r-ST-ZIP E			DELETE	2.4 CHY-SU-ZIF 2.1 THE 2.2 NAME		☐ Change	Addition
r - ST - ZIP E WE			DELETE	1.4 CHY-S1-78F 2.1 TULE 2.2 NAME 2.3 STREET ADDRESS		☐ Charige	Addition
r-ST-ZIP E ME GET ADORESS Y ST-7-P			DETEIF	2.4 CHY-SU-ZIF 2.1 THE 2.2 NAME		☐ Change	
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FET ADDRESS WE SET ADDRESS WE SET ADDRESS V-ST-7-P LE ME			☐ DELETE	1.4 CHY-SI-ZIF  2.1 TRUE  2.2 NAME  2.3 SIREH LADDRESS  2.4 CHY-SI-ZIP  3.1 TRUE  3.2 NAME  3.3 SIREH ADDRESS  3.4 CHY-SI-ZIP  4.1 TRUE  4.2 NAME  4.3 SIREH ADDRESS  4.4 CHY-SI-ZIP  4.4 TRUE		☐ Change	Addition
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Y-SI-ZIP  LE  ME  REEL ADDRESS  Y SI-ZIP  LE  ME  REEL ADDRESS  TY-SI-ZIP  LE  AME  IREEL ADDRESS  IY-SI-ZIP  LE  AME  REEL ADDRESS  IY-SI-ZIP  LE  AME  REEL ADDRESS  LIY-SI-ZIP  LE  AME  REEL ADDRESS  LIY-SI-ZIP  LE  AME  LE  AME  LE  AME  LE  AME  LE  LE  AME  LE  LE  LE  LE  LE  LE  LE  LE  LE	MIAM) FL	moration or the	DELETE DELETE DELETE DELETE DELETE DELETE ass voluntarily for supplemental as repositionent and as reposition of true.	1.4 CHY-SI-ZIF  2.1 TRUE  2.2 NAME  2.3 SIRELI ADDRESS  2.4 CHY-SI-ZIP  3.1 TRUE  3.2 NAME  3.3 SIRELI ADDRESS  3.4 CHY-SI-ZIP  4.1 TRUE  4.2 NAME  4.3 SIRELI ADDRESS  4.4 CHY-SI-ZIP  5.1 TRUE  5.2 NAME  5.3 SIRELI ADDRESS  5.4 CHY-SI-ZIP  6.1 TRUE  6.2 NAME  6.3 SIRELI ADDRESS  5.4 CHY-SI-ZIP  ITMISHED ADDRESS  6.4 CHY-SI-ZIP  ITMISHED ADDRESS  6.4 CHY-SI-ZIP  ITMISHED ADDRESS  6.5 SIRELI ADDRESS  6.5 SIRELI ADDRESS  5.5 CHY-SI-ZIP  ITMISHED ADDRESS  6.5 SIRELI	y for the exemption stated in Section t urate and that my signature shall have this report as required by Chapter 607	Change  Change  Change	Addition  Addition  Addition  Addition  Addition  Addition