

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

**CORPORATION
ANNUAL REPORT**

"1994-1995"



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

FILED

95 MAR 20 PM 2:11

DOCUMENT # L67164

1. Corporation Name:

ADVANCED MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

2117 NW 19th Way
Boca Raton, Fl. 33431
US

P.O. Box 810848
Boca Raton, Fl. 33481
US

(Print or Write in this Space)

3. Date incorporated or organized

04/19/90

3a. Date of Last Report

8-93

4. FIC Number

65-0249966

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. 199.03,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2117 NW 19th Way

26 P.O. Box 810848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Boca Raton, Fl.

28 Boca Raton, Fl.

24 Zip

Country

29 Zip

Country

33431

25 Palm Beach

33481

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Nathan Ohren
2117 NW 19th Way
Boca Raton, Fl. 33431

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

800001436848

84 City

-03/22/95--01034--003

****400.00 FL ****400.00

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 of registered agent or person authorized to accept appointment as registered agent)

(Signature of registered agent or person authorized to accept appointment as registered agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994-1995

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The 1994 & 1995 PFD's were not timely filed due to a processing error on the part of this office. Therefore, corporation was returned to active status with the filing of this AR + payment of PFD totaling \$400.00.

FF \$400

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Sections 199.03, 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 each person said that I am an officer or director of the corporation or the company or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached form with my address.

SIGNATURE:

Nathan Ohren

NATHAN OHREN

2/28/95

(407)
998.8372