

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90088 034 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L78297**

1. Corporation Name  
**MEDICAL DEPARTMENT STORES, INC.**

Principal Place of Business 1180 JACARANDA BLVD SUITE 202 VENICE FL 34292 US	Mailing Address P.O. BOX 150790 CAPE CORAL FL 33915-790 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1013 S.E. 12th AVE Suite, Apt. #, etc. 22 Ste 3 City & State 23 CAPE CORAL FL Zip 24 33990	2a. Mailing Address 26 P.O. Box 150790 Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL FL Zip 29 33915	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 05/31/1990	4. FEI Number 65-0324241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election, Campaign, Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SHAPIRO, SAMUEL**  
 1820 SE 36 TERRACE  
 CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, SAMUEL	
STREET ADDRESS	1820 SE 36 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALUMBO, NANNETTE	
STREET ADDRESS	1021 SW 37 ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MAE	
STREET ADDRESS	1820 SE 36 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: RESAMUEL SHAPIRO 4/19/99 941-574-6622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)