

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96574 (3)

1. Corporation Name
SIESTA KEY MEDICAL SUPPLIES, INC.

Principal Place of Business Mailing Address
936 CITRUS AVENUE SARASOTA FL 34236
936 CITRUS AVENUE SARASOTA FL 34236
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/21/1990 3a. Date of Last Report 02/08/1994
4. FEI Number 65-0214585 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

2. Principal Place of Business 2a. Mailing Address
21 1433 FLOWER DR. 26 1433 FLOWER DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 SARASOTA FL 28 SARASOTA FL
Zip Country Zip Country
24 34239 25 34239 29 34239 30 34239

9. Name and Address of Current Registered Agent
DUMBAUGH, JOHN D.
1900 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name J. Z. MORRIS
82 Street Address (P.O. Box Number is Not Acceptable) 1433 FLOWER DR.
83
84 City SARASOTA FL 85 Zip Code 34239

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 *J. Z. MORRIS* J. Z. MORRIS DPTS MAR 20 '95
Signature (Printed or printed name of registered agent and title if applicable) DATE
NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MORRIS, J. Z.
STREET ADDRESS	936 CITRUS AVENUE
CITY - ST - ZIP	SARASOTA FL
TITLE	S
NAME	MORRIS, J. Z.
STREET ADDRESS	936 CITRUS AVENUE
CITY - ST - ZIP	SARASOTA FL
TITLE	V
NAME	DUMBAUGH, JOHN D.
STREET ADDRESS	1900 RINGLING BLVD.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	J. Z. MORRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1433 FLOWER DR.	
1.3 STREET ADDRESS		SARASOTA - FL - 34239	
1.4 CITY - ST - ZIP			
2.1 TITLE	S	J. Z. MORRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		1433 FLOWER DR.	
2.3 STREET ADDRESS		SARASOTA - FL - 34239	
2.4 CITY - ST - ZIP			
3.1 TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		← DELETE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *J. Z. MORRIS* J. Z. MORRIS MAR 20 '95
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
DPTS (813) 954-3373