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 MAY -1 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96729** (3)

1. Corporate Name
REDI MEDICAL SUPPLIES INC

Principal Place of Business	Mailing Address
9937 PINES BLVD. PEMBROKE PINES FL 33024	9937 PINES BLVD. PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1990**
3a. Date of Last Report: **02/18/1994**
4. FEI Number: **65-0217326** ☐ 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
Suite, Apt. #, etc.
City & State
Zip / Country

9. Name and Address of Current Registered Agent

MUZZILLO, KENNETH
1230 SW 87TH WAY
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUZZILLO, STEVEN R.
STREET ADDRESS	6860 FALCONSGATE AVE.
CITY-ST-ZIP	DAVIE FL
TITLE	D
NAME	MUZZILLO, KENNETH
STREET ADDRESS	1230 SW 87TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07, 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: *Steven R. Muzzillo* 5/1/95 (305) 435-9196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007027 CP