

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M14854** (7)

1. Corporation Name

BELL MEDICAL SUPPLY OF MIAMI BEACH, INC.



Principal Place of Business

**7136 COLLINS AVE
MIAMI BEACH FL 33141**

Mailing Address

**7136 COLLINS AVE
MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified
05/02/1985

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-2530574

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

10. Name and Address of New Registered Agent

**FLAXMAN, PHYLLIS A.
7136 COLLINS AVE
MIAMI BEACH FL 33141**

81. Name

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

83.

84. City

FL

85. 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

Signature type for provisions of registered agent and the above agent

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
FLAXMAN, JEFFREY
7136 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**STD
FLAXMAN, PHYLLIS
7136 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**FLAXMAN, PHYLLIS
7136 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**FLAXMAN, PHYLLIS
7136 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**FLAXMAN, PHYLLIS
7136 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**FLAXMAN, PHYLLIS
7136 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

SIGNATURE

JEFF FLAXMAN, PRES

Signature and printed name of signing officer or director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 119.07(3)(k), 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.

Date

Daytime Phone #

1/21/96 305-864-1122

CR2E034 (12/95)