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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M14854 1. Corporation Name

BELL MEDICAL SUPPLY OF MIAMI BEACH, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90221 011 \*\*\*150.00



						[ [06:30] IN ISTU BEST INIO BILL DIN BING A-SIC ALBIT ASTE AND ASTROPHEN ASTROPH			
Principal Place	e of Business	Mailing Address							
7136 COLLINS AVE MIAMI BEACH FL 33141		7136 COLLINS AVE MIAMI BEACH FL 33141	•		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			]	
					05/02/1985		ļ	1	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For			İ	
	ace of Dusiness	26			59-2530574	<u> </u>	ot Applicable	İ	
Suite, Apt.	# etc	Suite, Apt. #, etc.			·	\$8.75	Additional		
22		27			5. Certificate of Status Desired	Fee Re	equired .	1	
City & State	9	- City & State			6. Efection Campaign Financing \$5:00 May Be				
23		28			Trust Fund Contribution	Added	to Fees	]	
Zip Country		Zip (			8. This corporation owes the current year	Intangible			
25		29 30	29 30		Personal Property Tax.			]	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registere	d Agent		1	
			81	Name			,	1	
	kman, Phyllis A.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			1	
	S COLLINS AVE				, , ,			1	
MAIM	MI BEACH FL 33141	;	83						
		ļ	84	City		85 Zip	Code		
							registered	1	
office or re	egistered agent, or both, in the Sta	iso2 and 607.1508, Florida Statutes, thate of Florida. Such change was authorigations of, Section 607.0505, Florida S	zea by	tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as re	gistered		
SIGNATURE	·							_	
			E: Registered Agent signature require 13.		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	ĺ	
12.			1 TITLE	$\overline{}$	ADDITIONS/GITANOES TO GIT ICENS	Change	Addition	11/	
TITLE	PD ·	_						ì	
NAME	FLAXMAN, JEFFREY		2 NAME				ľ	E034	
STREET ADDRESS	7136 COLLINS AVE			TADORESS				5	
CITY-ST-ZIP	MIAMI BEACH FL		4 CITY-5	ST-ZIP	and the state of t	Change	Addition	8	
TITLE	STD	_ (	1 TITLE			[ onongo		ļ	
NAME	FLAXMAN, PHYLLIS		.2 NAME						
STREET ADDRESS	7100 0022110 1112			TADDRESS		•			
CITY-ST-ZIP	MIAMI BEACH FL			ST-ZIP	<u> </u>	- Change	Addition	:	
TITLE TO THE			TITLE		•				
NAME		i I	2 NAME	TADDDECC				]	
STREET ADDRESS	•			T ADDRESS	•				
CITY-ST-ZIP			4. CITY-: 1 TITLE	SI-ZIP		Change	[ ] Addition	}	
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NAME		r F	2 NAME						
STREET ADDRESS	}.	li li		TADDRESS					
CITY-ST-Z/P	,		4 CITY-5	SI-ZIP		Change	Addition	1	
TITLE	•	1	.1 TITLE .2 NAME						
NAME :			5.3 STREET ADDRESS					1	
STREET ADDRESS				1				1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE			Change	☐ Addition	1	
TITLE			6.2 NAME			- Gliange	T. Vaginon		
NAME .				1				1	
STREET ADDRESS		6	3 STREE	T ADDRESS	•			1	

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

