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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:22

DOCUMENT # **P39437** (9)

1. Corporation Name
GOLDEN STATE MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
28065 AVENUE STANFORD VALENCIA CA 91355	28065 AVENUE STANFORD VALENCIA CA 91355

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 95-4226167 ☐ 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

9. Name and Address of Current Registered Agent

STROUD, JAMES L.
7565 CURRENCY DR.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: Stroud, James L.
82 Street Address (P.O. Box Number is Not Acceptable): 6220 S. Orange Blossom Trail
83: Ste. 168
84 City: Orlando **FL** 85 Zip Code: 32809

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: James L. Stroud President — 3-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	GOLDSTEIN, MORRIS	1.2 NAME	James L. Stroud	
STREET ADDRESS	9740 DONNA AVE.	1.3 STREET ADDRESS	25931 Browning PL	
CITY-ST-ZIP	NORTHRIDGE CA	1.4 CITY-ST-ZIP	Stevenson Rch, CA 91381	
TITLE	VCD	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	STROUD, JAMES L.	2.2 NAME	Michael Mark Connors	
STREET ADDRESS	25831 BROWNING PL.	2.3 STREET ADDRESS	23532 Magic Mountain Pkwy.	
CITY-ST-ZIP	STEVENSON RANCH CA	2.4 CITY-ST-ZIP	Valencia, CA 91355	
TITLE	ST	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	STROUD, JAMES L.	3.2 NAME	Wanda Lou Stroud	
STREET ADDRESS	25831 BROWNING PL.	3.3 STREET ADDRESS	25831 Browning PL	
CITY-ST-ZIP	STEVENSON RANCH CA	3.4 CITY-ST-ZIP	Stevenson Rch, CA 91381	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: James L. Stroud — 3-10-95 — 805-295-8101
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0402000 FP