

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P92000007401 (2)
1. Corporation Name

HOSPITAL MEDICAL SUPPLIERS, INC.

Principal Place of Business 4300 Alton Road Miami Beach, FL 33140	Mailing Address 4300 Alton Road Miami Beach, FL 33140
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1992

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 4300 Alton Road 27 Suite, Apt. #, etc. 28 City & State 29 Miami Beach, FL 33140 30 Zip Country
--	--

4. FEI Number
65-0417198
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Alyson R. Serrell, Esq.
4300 Alton Road
Miami Beach, FL 33140

10. Name and Address of New Registered Agent

81 Name Alyson R. Osman, Esq.	85 Zip Code 33140
82 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Road	
83	
84 City Miami Beach, FL	

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: the provisions of which apply to the corporation if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE
4/8/98

12. OFFICERS AND DIRECTORS

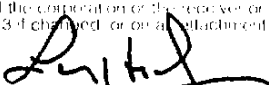
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT J. HENKEL (D) ☐ DELETE 4300 Alton Road Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY HUDSON (D) ☐ DELETE 4300 Alton Road Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOB DANIELSON ☐ DELETE 4300 Alton Road Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 of this filing, or on a separate attachment with an address.

SIGNATURE:



Director/Treasurer

4/8/98

(305) 674-2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)