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 # P98000007401 (2)

1. Corporation Name

HOSPITAL MEDICAL SUPPLIERS, INC.

Principal Place of Business	Mailing Address
4300 Alton Road Miami Beach, FL 33140	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	2a. Mailing Address 26 4300 Alton Road	4. FEI Number 65-0417198	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 Attn: Legal Dept.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Miami Beach, FL 33140	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	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	10. Name and Address of New Registered Agent
Alyson R. Serrell, Esq. 4300 Alton Road Miami Beach, FL 33140	81 Name: Alyson R. Osman, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 4300 Alton Road 83 84 City: Miami Beach, FL 85 Zip Code: 33140

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: Alyson Osman 4/8/98
Signature, type or printed name of registered agent, title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT J. HENKEL (D) 4300 Alton Road Miami Beach, FL 33140 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LARRY HUDSON (D) 4300 Alton Road Miami Beach, FL 33140 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOB DANIELSON 4300 Alton Road Miami Beach, FL 33140 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

200002495872
-04/22/98--01008--009
***150.00

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 on an attachment with an address.

SIGNATURE: Alyson Osman 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)