

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90039 015 ***150.00

DOCUMENT # P93000004063
1. Corporation Name

J & M MEDICAL SUPPLY, INC.

715036

Principal Place of Business

5209 NW 74TH AVE.
201-B
MIAMI, FL. 33155

Mailing Address

8357 W FLAGLER ST.
SUITE 358
MIAMI, FL. 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11300 NW 87TH CT.

2a. Mailing Address

11300 NW 87TH CT.

Suite, Apt. #, etc.

143

Suite, Apt. #, etc.

143

City & State

HIALEAH GARDENS, FL.

City & State

HIALEAH GARDENS, FL.

Zip

33018

Country

U.S.A.

Zip

33018

Country

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSE CASTILLO

10240 SW 56TH STREET, SUITE 100C
MIAMI, FL. 33165

81 Name

JOSE I. MARTINEZ

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

21 SW 134TH CT.

83

84 City

MIAMI

FL

85 Zip Code
33184

i. 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: *Jose Martinez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD
JOSE CASTILLO		1.2 NAME	JOSE I. MARTINEZ
10240 SW 56TH STREET, SUITE 110C		1.3 STREET ADDRESS	21 SW 134TH CT.
MIAMI, FL. 33165	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	MIAMI, FL. 33184
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jose Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE I. MARTINEZ - PRESIDENT

Date

2/1/2000

Daytime Phone #

CR2E034 (11/98)