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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 AUG 22 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

REINSTATEMENT 95-97

DOCUMENT # P93000011074

1. Corporation Name
DOC MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
7235 SW 24TH ST. STE 210 MIAMI, FL. 33155	P. O. BOX 557337 SUITE 214 MIAMI, FL. 33255

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business	2a. Mailing Address
21 7235 SW 24TH ST.	26 7235 SW 24TH ST.
Suite, Apt. #, etc. 22 208	Suite, Apt. #, etc. 27 208
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip: 24 33155 Country: 25 U.S.A.	Zip: 29 33155 Country: 30 U.S.A.

4. FEI Number: 65-0398845 ☐ 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

MANUEL DINER
141 NE 3RD AVE
SUITE 601
MIAMI, FL. 33132

10. Name and Address of New Registered Agent

81 Name: MARGARITA OCEGUERA
82 Street Address (P.O. Box Number is Not Acceptable): 840 NW 87 AVE.
83 APT. 406
84 City: MIAMI FL 85 Zip Code: 33172

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] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, MANUEL 13411 SW 14 TERR. MIAMI, FL. 33184 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT OCEGUERA, MARGARITA 840 NW 87 AVE. APT.406 MIAMI, FL. 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002276647--4 -08/25/97--01163--001 ***1080.00 ***1080.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002276647--4 -08/25/97--01163--002 ******8.75 ******8.75
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

14. I do 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 11 or Block 13 if changed, or on an attachment with an address.

[signature]