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 MAY 24 PM 12:50

DOCUMENT # **P93000019165 (8)**

1. Corporation Name
SPRING MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
215 S.W. 17TH AVENUE ~~SUITE 300~~ 312 MIAMI FL 33135 US	→ SAME. ~~13229 S.W. 10 LANE~~ ~~SUITE 001~~ ~~MIAMI FL 33184~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/15/1993	06/21/1994

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

4. FEI Number: 65-0394068 ☐ 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	10. Name and Address of New Registered Agent
GONZALEZ, EDELMIRA H. ~~7105 S.W. 8TH ST.~~ 215 S.W. 17TH AVENUE. ~~SUITE 201~~ SUITE 312. ~~MIAMI FL 33144~~ MIAMI FL. 33135.	81 Name: GONZALEZ, EDELMIRA H. 82 Street Address (P.O. Box Number is Not Acceptable): 215 S.W. 17TH AVENUE. 83: SUITE 312. 84 City: MIAMI FL 85 Zip Code: 33135

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: X Carmen Marrero — X MAY 18, 1995.
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	PD	1.1 TITLE	PRESIDENT.	☒ Change ☐ Addition
NAME	~~MARRERO, CARMEN~~	1.2 NAME	GONZALEZ EDELMIRA H.	
STREET ADDRESS	~~13229 S.W. 10 LANE~~	1.3 STREET ADDRESS	52 S.W. 81. AVE.	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI FL. 33144.	
TITLE	~~SD~~	2.1 TITLE	VICE-PRESIDENT.	☐ Change ☒ Addition
NAME	~~NOX, RUBERT O.~~	2.2 NAME	GONZALEZ MILENA	
STREET ADDRESS	~~52 S.W. 81 AVENUE~~	2.3 STREET ADDRESS	1800 N.W. 24 AVE. APT. 610	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	MIAMI FL. 33125.	
TITLE		3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME		3.2 NAME	NOX, RUBERT O.	
STREET ADDRESS		3.3 STREET ADDRESS	52 S.W. 81 AVE.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33144.	
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: X Carmen Marrero. — MAY 18, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201892 CP