FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

No WE THI

FILED
May 20 1998 8:00am
Secretary of State

DOCUMENT # P93000019165 (8)

1. Corporation Name
SPRING MEDICAL SUPPLIES, INC.

[redacted]

Principal Place of Business	Mailing Address
~~215 SW 17TH AVENUE~~ ~~312~~ ~~MIAMI FL 33135~~ ~~US~~	~~52 SW 81TH AVENUE~~ ~~SUITE 301~~ ~~MIAMI FL 33144-2128~~ ~~US~~

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business
21: 5755 WEST FLAGLER STREET
Suite, Apt. #, etc. 22: SUITE # 210
City & State 23: MIAMI FL
Zip 24: 33144 Country 25: DADE

2a. Mailing Address
26: 776 S.W. 97 PL CIRCLE
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FL
Zip 29: 33174 Country 30: DADE

4. FEI Number: 65-0394088 ☐ 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

GONZALEZ, EDELMIRA H
~~52 SW 81TH AVENUE~~
~~SUITE 312~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent

81 Name: GONZALEZ EDELMIRA H.
82 Street Address (P.O. Box Number is Not Acceptable): 776 S.W. 97 PL CIRCLE
83:
84 City: MIAMI FL 85 Zip Code: 33174

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: RUBERT NOY V/P & S. DATE: 4/27/98
Signature, type 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	P GONZALEZ, EDELMIRA H ~~52 SW 81TH AVENUE~~ ~~MIAMI FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P GONZALEZ EDELMIRA H. 776 S.W. 97 PL CIRCLE MIAMI FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOY, RUBERT O ~~52 SW 81TH AVENUE~~ ~~MIAMI FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP NOY RUBERT O. 776 S.W. 97 PL CIRCLE MIAMI FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~NOY, RUBERT O~~ ~~52 SW 81ST AVE~~ ~~MIAMI FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S NOY RUBERT O. 776 S.W. 97 PL CIRCLE MIAMI FL 33174	☒ 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	000002532720 -05/22/98--01013--042 ***150.00	☐ Change ☐ Addition

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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EDELMIRA H. GONZALEZ PRESIDENT 4/25/97 (305) 649-9142