

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021894 (9)**

1. Corporation Name

ATLANTIC MEDICAL SUPPLY, INC.

Principal Place of Business

6910 S.W. 44 STREET
APT. 115
MIAMI FL 33155

Mailing Address

6619 S. DIXIE HWY
#356
MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0399542

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

2. Principal Place of Business

21 7311 N.W. 12 ST

2a. Mailing Address

26 7311 N.W. 12 ST.

Suite, Apt. #, etc.

22 SUITE # 21

Suite, Apt. #, etc.

27 SUITE # 21

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33126

Country

25 DADE

Zip

29 33126

Country

30 DADE

9. Name and Address of Current Registered Agent

MEJER, ALVARO L ESO
6910 S.W. 44 STREET
APT. 115
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEJER, L. ERNESTO JR
STREET ADDRESS	6910 S.W. 44 STREET, APT. 115
CITY - ST - ZIP	MIAMI FL 33155
TITLE	D
NAME	MARTINEZ, ENRIQUE
STREET ADDRESS	6910 S.W. 44 STREET, APT. 115
CITY - ST - ZIP	MIAMI FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4/24/95

305-640-9866