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

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022951 (6)

1. Corporation Name

J.R.S. MEDICAL SUPPLY & OXYGEN, INC.

Principal Place of Business

1131 SEMORAN BL.
CASSELBERRY, FL.
32707

Mailing Address

POST OFFICE BOX 2481
WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1993

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) County (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) County (30)

4. FEI Number: 59-3157831 — 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. Does corporation owe any fees and penalties imposed by the Florida Election Code, Chapter 106, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SALMON, MARTHA
1131 SEMORAN BL.
CASSELBERRY, FL. 32707

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 Section 607.0502 and 607.1908, 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: MARTHA SALMON — MARTHA SALMON — 4-28-95

(Typed or printed name of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	D	☐ Change ☐ Addition
Name	SALMON, MARTHA	
Street Address	1353 ANDES DR	
City-State-Zip	WINTER SPRINGS FL	
Title	D	☐ Change ☐ Addition
Name	SALMON, JOSE	
Street Address	1353 ANDES DR	
City-State-Zip	WINTER SPRINGS FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I, the undersigned, certify that the information supplied with this report, voluntarily furnished and have 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 13 above, or on an attachment with an address.

SIGNATURE: MARTHA SALMON — MARTHA SALMON — 4-28-95 — 407-359-0505

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone Number

0410435 FP