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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000026370 (5)

1. Corporation Name

A PLUS MEDICAL EQUIPMENT & SUPPLY, INC.



Principal Place of Business

Mailing Address

510 WEST LANTANA ROAD
LANTANA FL 33462

510 WEST LANTANA ROAD
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 719-2 Whitney Ave

Suite, Apt. #, etc.

22

City & State

23 Lantana, FL

Zip

24 33462

Country

25 Palm Beach

2a. Mailing Address

26 P.O. Box 3257

Suite, Apt. #, etc.

27

City & State

28 Lantana, FL

Zip

29 33465-3257

Country

30 Palm Beach

3. Date Incorporated or Qualified

04/08/1993

4. FEI Number

65-0400467

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BLEDSON, DAVID V
510 WEST LANTANA RD.
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

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

719-2 Whitney Ave

83

84 City

Lantana

FL

85 Zip Code

33462

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BLEDSON, KAREN C

STREET ADDRESS 4640 BARRETT ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ DELETE

NAME BLEDSON, DAVID V

STREET ADDRESS 4640 BARRETT ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ DELETE

NAME BLEDSON, RANDOLPH W

STREET ADDRESS 4640 BARRETT ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CP2E034 (10/97)