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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000057840 (9)

1. Corporation Name  
M.D.'S MEDICAL SUPPLY, INC.



Principal Place of Business

10300 SW 72ND ST.  
SUITE 284  
MIAMI FL 33173  
US

Mailing Address

10300 SW 72ND ST.  
SUITE 284  
MIAMI FL 33173-3014  
US

2. Principal Place of Business

21 7801 CORAL WAY

Suite, Apt. #, etc.

22 101-B

23 MIAMI FLORIDA

24 33155 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 33155 29 USA

3. Date Incorporated or Qualified  
08/16/1993

3a. Date of Last Report  
04/27/1996

4. FEI Number  
65-0432050

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

MUNNET, ANTONIO  
7437 SE 23RD STREET  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name MAGALI SARLABOUS  
82 Street Address (P.O. Box Number is Not Acceptable)  
7801 SW CORAL WAY #1018  
83  
84 City MIAMI FL 85 Zip Code 33155

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 ☒ in compliance with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Magali Sarlabous* 1-27-97  
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 PTD  
NAME MUNNET, ANTONIO  
STREET ADDRESS 7437 SW 23RD STREET  
CITY-ST-ZIP MIAMI FL 33155 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME magali sarlabous  
1.3 STREET ADDRESS 7801 SW Coral Way #1018  
1.4 CITY-ST-ZIP Miami, FL 33155 ☐ Change ☐ Addition

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 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.

CR2E034 (9/96)