

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P93000057840  
1. Corporation Name  
MDS MEDICAL SUPPLY, INC.

Principal Place of Business: 8011 W 21 AVE HIALEAH FL 33016  
Mailing Address: 8011 W. 21 AVE HIALEAH FL 33016.

2. Principal Place of Business: 21 8011 W. 21 AVE  
Suite, Apt #, etc: 22 B  
City & State: 23 HIALEAH FL  
Zip: 24 33016 Country: 25 DADE

2a. Mailing Address: 26 8011 W. 21 AVE  
Suite, Apt #, etc: 27 B  
City & State: 28 HIALEAH FL  
Zip: 29 33016 Country: 30 DADE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-5-93

4. FEI Number: 05-043205D. 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  
JUANA M. VILLAMIL,  
8011 W. 21 AVE  
HIALEAH FL 33016.

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 607.1508, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Juana M. Villamil PRESIDENT 7/6/98  
DATE: 7/6/98

12. OFFICERS AND DIRECTORS

TITLE	Juana M. Villamil	<input type="checkbox"/> DELETE
NAME	Juana M. Villamil	
STREET ADDRESS	8011 W 21 AVE	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	MAGALI SARLABOUS	<input checked="" type="checkbox"/> DELETE
NAME	MAGALI SARLABOUS	
STREET ADDRESS	8011 W 21 AVE	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Juana M. Villamil	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit on
1.2 NAME	Juana M. Villamil	
1.3 STREET ADDRESS	8011 W 21 AVE	
1.4 CITY - ST - ZIP	HIALEAH, FL 33016	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit on
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *[Signature]* Juana M. Villamil 6/29/98 305)231-2618.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)