

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90194 001 ***158.75

DOCUMENT # P93000057840

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



Principal Place of Business: WEST 21 AVENUE B FL 33016
Mailing Address: 8011 WEST 21 AVENUE SUITE B HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1993
4. FEI Number: 65-0432050
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent: VILLAMIL, JUANA 8011 WEST 21 AVENUE SUITE B HIALEAH FL 33016

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<p>P VILLAMIL, JUANA M 8011 WEST 21 AVENUE HIALEAH FL 33016</p>	<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p>	<p>JUANA M. VILLAMIL 8011 WEST 21 AVE. HIALEAH FL, 33016 PRESIDENT</p>
<p>[] DELETE</p>	<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>	<p>JOSE A. VILLAMIL 8011 WEST 21 AVE. HIALEAH FL, 33016 VICE PRESIDENT</p>
<p>[] DELETE</p>	<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>	<p>[] Change [] Addition</p>
<p>[] DELETE</p>	<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>	<p>[] Change [] Addition</p>
<p>[] DELETE</p>	<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>	<p>[] Change [] Addition</p>
<p>[] DELETE</p>	<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>	<p>[] Change [] Addition</p>

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, with all other like empowered.

SIGNATURE: [Signature] President 4/20/99 305-231-2618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/7/98)