

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1993

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 owes the current year Intangible Personal Property Tax: Yes No

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

2a. Mailing Address: 8011 WEST 21 AVE Suite, Apt. #, etc. HIALEAH FLORIDA 33016 DADE

27. City & State: HIALEAH FLORIDA

28. City & State: HIALEAH FLORIDA

29. Zip: 33016

30. Zip: 33016

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 FL

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

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<p>P <input type="checkbox"/> DELETE</p> <p>VILLAMIL, JUANA M 8011 WEST 21 AVENUE HIALEAH FL 33016</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</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><input type="checkbox"/> DELETE</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</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><input type="checkbox"/> DELETE</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</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 (1/98)