FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:49

DOCUMENT # P93000069303 (4)

1. Corporation Name
CAMDEN MEDICAL SUPPLY, INC.

Principal Place of Business
4506 L.B. MCLEOD ROAD
SUITE F
ORLANDO FL 32811

Mailing Address
P.O. BOX 53-6576
ORANDOO FL 32853-6576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-3203186 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMSER, THOMAS A JR
390 N ORANGE AVE
STE 600
ORLANDO FL 32802-1391

10. Name and Address of New Registered Agent

81
82 STEPHEN P. GRIGGS
83 4506 LB MCLEOD ROAD
84 SUITE F
ORLANDO FL 32811

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: Stephen P. Griggs 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM P	1.2 NAME		
STREET ADDRESS	4506 L. B. MCLEOD ROAD, SUITE F	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WALKER, WILLIAM A II	2.2 NAME		
STREET ADDRESS	250 PARK AVE. SOUTH, 5TH FLOOR	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	PRES/ASST. SEC/DIR	☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN P	3.2 NAME		
STREET ADDRESS	4506 L. B. MCLEOD RD., STE. F	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	SEC/TREAS/DIR	☒ Change ☐ Addition
NAME	IRISH, REBECCA R.	4.2 NAME		
STREET ADDRESS	4506 LB MCLEOD RD STE F	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD	5.2 NAME		
STREET ADDRESS	P.O. BOX 6845 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rebecca R. Irish 2/6/95 (407) 841-2405
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION (Date) (Daytime Phone #)
REBECCA R. IRISH

0000813 CP