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FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000073536 (3)

1. Corporation Name

P & M MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

15432 S.W. 43RD LANE
MIAMI FL 33185

15432 S.W. 43RD LANE
MIAMI FL 33185



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1993

4. FEI Number

65-0443727

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

2. Principal Place of Business

2a. Mailing Address

21 7821 SW 24 ST

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 122

22 122

Suite, Apt. #, etc.

23 MIAMI FL

28 City & State

City & State

29 City & State

24 33155

30 Zip

Zip

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRABAZO, RAMON
15432 S.W. 43RD LANE
MIAMI FL 33185

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7821 SW 24 ST

SUITE 122

83 MIAMI

City

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME PD
STREET ADDRESS TRABAZO, RAMON
CITY-ST-ZIP 15432 S.W. 43RD LANE
MIAMI FL 33185

1.2 NAME
1.3 STREET ADDRESS 7821 SW 24 ST STE 122
1.4 CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME VD
STREET ADDRESS RAMIREZ, MIRIAM B
CITY-ST-ZIP 15432 S.W. 43RD LANE
MIAMI FL 33185

2.2 NAME
2.3 STREET ADDRESS 7821 SW 24 ST STE 122
2.4 CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4000002494454
-04/21/98--01013--005
***150.00

14. 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.

SIGNATURE:

Ramon Trabazo

4/20/98

CR2E034 (10/97)