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

APPROVED AND FILED
95 MAR -2 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000011952 (6)

1. Corporation Name
QUALITY MEDICAL SUPPLIES OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
5194 OVERSEAS HWY MARATHON FL 33050	5194 OVERSEAS HWY MARATHON FL 33050

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 11400 Overseas Hwy
Suite, Apt. #, etc.
22: SUITE 204
City & State
23: Marathon, FL
Zip 24: 33050 Country 25: USA

2a. Mailing Address
26: P.O. Box 523167
Suite, Apt. #, etc.
27:
City & State
28: Marathon Shores, FL
Zip 29: 33052 Country 30: USA

4. FEI Number: 65-0467611 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BECHT, ROBERT M
5194 OVERSEAS HWY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: Rob J. Becht
82 Street Address (P.O. Box Number is Not Acceptable): 11400 Overseas Hwy - Ste 204
83:
84 City: Marathon FL 85 Zip Code: 33050

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: Rob J. Becht (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 2/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President, Secretary	☑ Change ☐ Addition
NAME	BECHT, ROBERT M	1.2 NAME	Rob J. Becht	
STREET ADDRESS	10983 6TH AVENUE GULF	1.3 STREET ADDRESS	11400 Overseas Hwy - Ste 204	
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	Marathon, FL. 33050	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: Rob J. Becht 2/16/95 305-289-0502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101331 CP