

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000013696 (7)

1. Corporation Name

MED MART USA, INC.



Principal Place of Business

3170 N FEDERAL HWY.  
SUITE 205B  
LIGHTHOUSE POINT FL 33064

Mailing Address

3170 N FEDERAL HWY.  
SUITE 205B  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

21 5701 NW 2nd Ave.

Suite, Apt. #, etc.

22 307

City & State

23 Boca Raton, FL

Zip

24 33487

Country

25 Palm Beach

2a. Mailing Address

26 5701 NW 2nd Ave.

Suite, Apt. #, etc.

27 307

City & State

28 Boca Raton, FL

Zip

29 33487

Country

30 Palm Beach

3. Date Incorporated or Qualified  
02/18/1994

3a. Date of Last Report  
04/14/1995

4. FEI Number  
65-0477931

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



9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 (not for tax purposes)

(If FEI, Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME FOX, TOD R  
STREET ADDRESS 10236 BOCA ENTRADA BLVD  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VPD  
NAME GENERALOVICH, NICK  
STREET ADDRESS 1200 PORT LANE  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VPD  
NAME WHEELER, STEVEN  
STREET ADDRESS 15707 CASHMERE LANE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 upon attachment with an address.

SIGNATURE:

TOD R. FOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

DATE

800-308-2155

Daytime Phone #

CR2E034 (12/95)