

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Division of Corporations, FID-1000

APPROVED
AND
FILED

51 MAY 19 11 0:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021029 (1)

1. Corporation Name

INTEGRATED MEDICAL SOLUTIONS & SUPPLIES INC.

2. Principal Place of Business

**421 LAKETREE DR.
FORT LAUDERDALE FL 33326**

2b. Mailing Address

**421 LAKETREE DR.
FORT LAUDERDALE FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

03/18/1994

3a. Date of Last Report

4. FID Number

65-0475603

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. Two copies of the corporation's annual report, as required by the Florida Statutes, are being filed with this report. ☐ Yes ☒ No

2. Principal Place of Business

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2b. Mailing Address

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Suite, Apt. #, etc.

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City & State

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9. Name and Address of Current Registered Agent

**GRAUBARD, VIVIAN
421 LAKETREE DRIVE
FORT LAUDERDALE FL 33326**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.01, Florida Statutes. I further certify that the information is true and correct, and that my signature does not have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver of the corporation, as required by the Florida Statutes, and that my name appears on the list of officers or directors of the corporation or the receiver of the corporation, as required by the Florida Statutes.

Signature of Officer or Director

Signature of Registered Agent

Signature of Secretary of State

Date

12. Name and Address of Registered Agent

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. Name and Address of Registered Agent

15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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60. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE:

Vivian Graubard

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN GRAUBARD

President

5/10/95

*862-8737
384-0768*