

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021029 (1)

1. Corporation Name
INTEGRATED MEDICAL SOLUTIONS & SUPPLIES INC.

Principal Place of Business

421 LAKETREE DR.
FORT LAUDERDALE FL 33326

Mailing Address

421 LAKETREE DR.
FORT LAUDERDALE FL 33326-1706

FILED

97 SEP 22 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4801 S. University Drive		2a 4801 S. University Drive		03/18/1994		04/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 103		27 Suite 103		65-0475603		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Fort Lauderdale, Fl.		28 Fort Lauderdale, Fl.		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		☐	
24 33328		29 33328		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
Country		Country					
25 USA		30 USA					

9. Name and Address of Current Registered Agent

GRAUBARD, VIVIAN
421 LAKETREE DRIVE
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: Vivian Graubard - President 4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAUBARD, VIVIAN	1.2 NAME	
STREET ADDRESS	421 LAKETREE DRIVE	1.3 STREET ADDRESS	1.00002300991--2
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	09/23/97-01043-010
TITLE	☐ DELETE	2.1 TITLE	****165.00
NAME	GRAUBARD, ADOLFO	2.2 NAME	****165.00
STREET ADDRESS	421 LAKETREE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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, changed, or on an attachment with an address.

SIGNATURE: Vivian Graubard 4/2/97 954-680-7530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR