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FILED

Mar 27 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 # P94000021029 (1)

1. Corporation Name

INTEGRATED MEDICAL SOLUTIONS & SUPPLIES INC.



Principal Place of Business

Mailing Address

4801 S. UNIVERSITY DRIVE
SUITE 103
FORT LAUDERDALE FL 33328

4801 S. UNIVERSITY DRIVE
SUITE 103
FORT LAUDERDALE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

4. FEI Number

65-0475603

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

21 4801 S. University Drive

22 Suite 218

23 City & State Fort Lauderdale, FL

24 Zip 33328 25 Country USA

2a. Mailing Address

26 4801 S. University Drive

27 Suite 218

28 City & State Fort Lauderdale, FL

29 Zip 33328 30 Country USA

9. Name and Address of Current Registered Agent

GRAUBARD, VIVIAN
421 LAKETREE DRIVE
FORT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

81 Name Vivian Graubard
82 Street Address (P.O. Box Number is Not Acceptable)
1370 W.W. 128th Drive
83 9-202
84 City Sunrise FL 85 Zip Code 33323

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 Graubard - Vivian R. Graubard

DATE 2/2/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GRAUBARD, VIVIAN
STREET ADDRESS 421 LAKETREE DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE ☒ DELETE

NAME GRAUBARD, ADOLFO
STREET ADDRESS 421 LAKETREE DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Graubard - Vivian R. Graubard DATE 2/2/98 914-768-2520

CR2E034 (10/97)