## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000025623

1. Corporation Name

T.L.C. MEDICAL FOUIPMENT SUPPLY CORP

Principal Place of Business	Mailing Address	
722 N.W. 53 ST. NAMI FL 33166	7722 N.W. 53 ST. MIAMI FL 33166	

**FILED** Feb 01, 1999 8:00am **Secretary of State** 

02-01-1999 90015 024 \*\*\*150.00

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Principal Pla	ce of Business	Mailing	Address				5)	
7722 N.W. 53		_					•	
MIAMI FL 3311		7722 N.W Miami Fl				DO NOT WRITE IN T	HIS SDACE	
						3. Date Incorporated or Qualifed	nis space	
			· · · · · · · · · · · · · · · · · · ·			04/04/1994		. *
<b>⊢</b> i '	Place of Business	2a. Maili	ing Address			4. FEI Number	Ap	plied For
21		26				65-0492837	No	t Applicable
Suite, Apt	. #, etc.	Suite 27	e, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Sta	te		& State	· -	<del>.= - =</del>	6. Election Campaign Financing	\$5.00	
23		28		•		Trust Fund Contribution	Added t	
Zip	Country	Zip	11-11	Country		8. This corporation owes the current year		35.
24	25	29	·     [	30		Personal Property Tax.	∭/es	□No
	9. Name and Address of Curr	ent Registered	Agent			10. Name and Address of New Register	ed Agent	
		My Sand	, 1,1	81	Name		_	
	RRES, LUIS J 5 N.W. 167 ST:		,	82	Street A	Address (P.O. Box Number is Not Acceptable)		
	MI FL 33015			83			NA DEN AMERICA	
				84	City	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	. 85 Zip C	ode
2000 44-1-10	7:						•L     ``	ĺ
11. Pursuant		5012 and 6017 150				corneration authority this atotement for the authority	of changing its	registered
Onice or i	registered agent, or both, in the Star	te of Florida. Suc	08, Florida Statute ch change was au	es, the above thorized by	e-named of the corpo	pration's board of directors. I hereby accept the ap	pointment as reg	istered
i ayentira	registered agent, or both, in the Star am familiar with, and accept the obli	te of Florida. Suc gations of, Section	08, Florida Statute ch change was au on 607.0505, Flori	es, the above ithorized by ida Statutes	named of the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	pointment as rec	gistered
agent. I a	an rammar with, and accept the obli	gallons of, Section	on 607.0505, Flon	ida Statutes			pointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applical	on 607,0505, Flori	Registered Agen		equired when reinstating);		
i ayentira	Signature, typed or printed name of registered a	gallons of, Section	on 607,0505, Flori	Registered Agen		equired when reinstalling); DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered a  OFFICERS A	gent and title if applical	on 607.0505, Flori	Registered Agen  13.  1.1 TITLE		equired when reinstating);		
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS A P TORRES, JOSE LUIS	gent and title if applical	on 607.0505, Flori	Registered Agen  13.  1.1 TITLE  1.2 NAME	t signature re	equired when reinstalling); DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A P TORRES, JOSE LUIS 7455 N.W. 167TH ST.	gent and title if applical	on 607.0505, Flori	Registered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature re	equired when reinstalling); DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A P TORRES, JOSE LUIS 7455 N.W. 167TH ST. MIAMI FL 33015	gent and title if applical	on 607.0505, Flori	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature re	equired when reinstalling); DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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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, with all other like empowered.

SIGNATURE: