FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -6 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036739 (8)

1. Corporation Name
O.L. MEDICAL SUPPLIES, INC.

Principal Place of Business: ~~5591 W. 2ND AVE. HIALEAH FL 33012~~

Mailing Address: ~~5591 W. 2ND AVE. HIALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 650 W 70 PL
Suite, Apt. #, etc.
22
City & State
23 HIALEAH FL
Zip
24 33014
Country
25 DADE

2a. Mailing Address
26 650 W 70 PL.
Suite, Apt. #, etc.
27
City & State
28 HIALEAH FL
Zip
29 33014
Country
30 DADE

4. FEI Number: 65-0491031 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FERNANDEZ, OLGA~~
~~5501 WEST 2ND AVE.~~
~~HIALEAH FL 33012~~

10. Name and Address of New Registered Agent

81 Name: OLGA FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 650 W 70 PL
83
84 City: HIALEAH FL FL 85 Zip Code: 33014

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] OLGA FERNANDEZ 2/2/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~FERNENDEZ, OLGA~~
STREET ADDRESS	~~5501 WEST 2ND AVE.~~
CITY ST ZIP	~~HIALEAH FL 33012~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PD	☐ Change ☐ Addition
1 2 NAME	FERNANDEZ OLGA	
1 3 STREET ADDRESS	650 W 70 PL	
1 4 CITY ST ZIP	HIALEAH FL 33014	
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 on an attachment with an address.

SIGNATURE: [signature] OLGA FERNANDEZ 2/2/95 (305) 822-1806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000400 CR