

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

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95 JUL 26 AM 8:54

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
111 SOUTH FLORIDAVILLE AVENUE

DOCUMENT # **P940000 37415**

**ALPHA MEDICAL SUPPLIES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified		3a. Federal Last Report	
21 <b>850 N. MIAMI AVE</b>		26		4. FFI Number		Applied For	
22 <b>2206</b>		27		45-0491218		<input checked="" type="checkbox"/> Not Applicable	
23 <b>MIAMI, FL</b>		28		5. Certificate of Status Decease		\$8.75 Additional Fee Required	
24 <b>33136</b>		25 <b>USA</b>		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAIDA B GARCIA 850 N MIAMI AVE #2206 MIAMI, FL 33136				B1 Name			
				B2 Street Address (P.O. Box Number is Not Applicable)			
				B3			
				B4 City			
				FL B5 Zip Code			
11. Declaration of the preparation of Sections 807.05(4) and 807.15(8), Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office to the address set forth in the State of Florida. Such change was authorized by the corporation's board of directors, board of managers or the appointment of a registered agent. I am hereby certifying the appointment of the new registered agent.							
SIGNATURE: <i>Maida Garcia</i> 6/30/95							

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	HAIDA B. GARCIA P	1. NAME	P MAIDA B GARCIA
STREET ADDRESS	350 69th ST #15 MIA BLM, FL 33141	2. STREET ADDRESS	850 N. MIAMI AVE. #2206 MIAMI, FL 33136
CITY	MIA BLM, FL 33141	3. CITY	MIA BLM, FL 33136
NAME	HAIDA B GARCIA	4. NAME	HAIDA B. GARCIA
STREET ADDRESS	350 69th ST #15	5. STREET ADDRESS	SAME AS ABOVE
CITY	MIA BLM, FL 33141	6. CITY	
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct, not required by the exemption stated in Sections 817.05(1)(b), Florida Statutes. I further certify that the information is true and correct and that the corporation has the right to file this report as required by Chapter 817, Florida Statutes, and that my name appears in the report as required by Chapter 817, Florida Statutes, and that my name appears in the report as required by Chapter 817, Florida Statutes.

SIGNATURE: *Maida Garcia* President 6-30-95 (305) 308-3734

\_\_\_\_\_  
SIGNATURE AND TYPE OF PRINTED NAME OF BORING OFFICER OR DIRECTOR