

**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 # **P94000037415**

**ALPHA MEDICAL SUPPLIES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified		3a. Filing of Last Report	
21 <b>850 N. MIAMI AVE</b>		26		3 <b>5-20-1994</b>		3a	
22 <b>2206</b>		27		4. FFI Number		Applied For	
23 <b>MIAMI, FL</b>		28		4 <b>65-0491218</b>		<input checked="" type="checkbox"/> Not Applicable	
24 <b>33136</b>		25 <b>USA</b>		29		30	
5. Certificate of Status Document				5. Election Campaign Financing Trust Fund Contribution			
<input type="checkbox"/>				<input type="checkbox"/>			
8. The corporation has not delinquent on any of its tax obligations under the Florida Statutes				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HAIDA B GARCIA 850 N MIAMI AVE #2206 MIAMI, FL 33136</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Applicable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.01407 and 607.1508, 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 to the appointment of the agent set forth in the Florida Statutes.

SIGNATURE: *Maida Garcia* Date: **6/30/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	<b>HAIDA B. GARCIA P</b>	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P HAIDA B GARCIA</b>
STREET ADDRESS	<b>350 69th ST #15 MIA BLM, FL 33141</b>	2. STREET ADDRESS	<b>850 N. MIAMI AVE. #2206 MIAMI, FL 33136</b>
CITY	<b>MIA BLM, FL 33141</b>	3. CITY	<b>T</b>
NAME	<b>HAIDA B GARCIA</b>	4. NAME	<b>HAIDA B. GARCIA</b>
STREET ADDRESS	<b>350 69th ST #15</b>	5. STREET ADDRESS	<b>SAME AS ABOVE</b>
CITY	<b>MIA BLM, FL 33141</b>	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 607.01407 and 607.1508, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same benefits and liabilities under the laws of the State of Florida as if the corporation had not been exempted from the requirement to file this report as required by Chapter 947, Florida Statutes, and that my name appears on the back of this report or on an affidavit with an address.

SIGNATURE: *Maida Garcia* President Date: **6-30-95 (300) 308-3734**

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