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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:59

DOCUMENT # P94000045687 (8)

1. Corporation Name
MEDICAL SALES AND SERVICE INC.

Principal Place of Business	Mailing Address
~~19949 MONA RD SUITE 1~~ ~~TEQUESTA FL 33469~~	PO BOX 3183 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1994	3a. Date of Last Report:
4. FEI Number: 59-2610585	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 19900 MONA Rd.	26
Suite, Apt. #, etc. 22 102	Suite, Apt. #, etc. 27
City & State 23 TEQUESTA FL	City & State 28
Zip / Country 24 33469 25 Palm Beach	Zip / Country 29 30

9. Name and Address of Current Registered Agent

BLOOM, RAPHAEL
400 OCEAN TRAILS WAY #206
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: Bloom, Raphael
82 Street Address (P.O. Box Number is Not Acceptable): 7807 SE. TULIPTREE CT
83
84 City: HOBE SOUND FL 85 Zip Code: 33455

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☒ Addition
NAME	Bloom, Raphael	1.2 NAME	Bloom, Raphael
STREET ADDRESS	7807 SE TULIPTREE CT	1.3 STREET ADDRESS	7807 SE TULIPTREE CT
CITY-ST-ZIP	Hobe Sound, FL 33455	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	VP	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	Bloom, Patricia M.	2.2 NAME	Bloom, Patricia M.
STREET ADDRESS	7807 SE TULIPTREE CT	2.3 STREET ADDRESS	7807 SE TULIPTREE CT.
CITY-ST-ZIP	Hobe Sound, FL 33455	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Raphael Bloom 2/2/95 407 743-5999
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0272088 CP