

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000048774 (1)**

1. Corporation Name  
**B & G MEDICAL SUPPLY, INC.**



Principal Place of Business: **4041 WOODRIDGE DR MIAMI FL 33133**  
Mailing Address: **4041 WOODRIDGE DR MIAMI FL 33133**

3. Date Incorporated or Qualified: **06/24/1994**  
3a. Date of Last Report: **08/14/1995**

2. Principal Place of Business: **21**  
Suite Apt. #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26** **7360 SW 130 ST**  
Suite Apt. #, etc: **27**  
City & State: **28** **MIAMI FL**  
Zip: **29** **33156** Country: **30** **FL**

4. FEI Number: **65-0508029**  
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. 199.03? Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WILBUR, ROBERT L  
4041 WOODRIDGE DR  
MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.0505, 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: *Robert L. Wilbur* (Signature of Registered Agent) *July 25 1996* (Date)

12. OFFICERS AND DIRECTORS

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | PCD               | <input type="checkbox"/> DELETE            |
| NAME           | WILBUR, ROBERT L  |  |
| STREET ADDRESS | 4041 WOODRIDGE DR |  |
| CITY-ST-ZIP    | MIAMI FL          |  |
| TITLE          | VSD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HUGGINS, GLENN D  |  |
| STREET ADDRESS | 4041 WOODRIDGE DR |  |
| CITY-ST-ZIP    | MIAMI FL          |  |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

**900001926389** Change  Addition  
**-08/20/96--01065--033**  
**\*\*\*375.00**

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 supplement to annual report is true and accurate and that my signature shall be the same as if made under oath, that I am an officer or director of the corporation on the registration or trustee empowered to execute this report as required by Chapter 6, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Robert L. Wilbur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 25 1996*  
819096  
305 5729000

CR2E034 (3/96)