

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055806 (1)

1. Corporation Name

GAS MEDICAL SUPPLIES, INC.



Principal Place of Business

3397 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address

3397 SHERIDAN STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

21 4970 SW 52nd St

Suite, apt. #, etc.

22 Drive FI Suite 304

City & State

23 Davie FI

Zip

24 33314

Country

2a. Mailing Address

26 4970 SW 52nd St

Suite, apt. #, etc.

27 304

City & State

28 Drive FI

Zip

29 33314

Country

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

06/05/1995

4. FEI Number

65-0517870

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

SYLVAN, GLENN

3397 SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4970 SW 52nd St

83

Suite 304

84

Davie

FL

85

Zip Code
33314

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 typed or printed name of registered agent and the corporation

(If Not Registered Agent Signature Required When Resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	SYLVAN, GLENN	
STREET ADDRESS	3397 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	4970 SW 52nd St #304
4. CITY-ST-ZIP	Davie FI 33314
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)