PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000057641

1. Corporation Name

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90115 009 \*\*\*158.75

111 12011	WEDICAL SUPPLIES, INC.				Ì						
Principal Place	e of Business	Mailing Address				1 (00)(00) 130		IEI MB311 M41M3 A	SIC SPEID WILL	aiser mat lest	
!	SE BLOSSOM TRAIL	7803 N. ORANGE BLOSSOI	M TRAIL								
#11 #11											
ORLANDO FL 32810 ORLANDO FL 32810 US					<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					}
US		US				08/04/1994	eu ur Quaineu				ł
p. Principal D	lace of Business	2a. Mailing Address				4. FEI Number			An	plied For	ĺ
21 4716		26 4716 E1	4,0	4162	, <b>S</b>	65-0512784			<u> </u>	ot Applicable	1
Suite, Apt.		Suite, Apt. #, etc.		· -					<del></del>	Additional	1
22	,,, 5.5.	27			Į	5. Certifcate of Sta	itus Desired		Fee Re	equired	
L = City & State	0 -	City & State	7			6. Election Campa	ign Financing		\$5.00	May Be	-
23 OR (	ando FC	28 CRCANSO				Trust Fund Cor	tribution		Added	to Fees	
Zip 24 328	Country ORANGE	Zip 29 32812	30 Cou	ntry ぬないら		8. This corporation Personal Prope	rty Tax.		Yes	₩No	
	9. Name and Address of Current	Registered Agent			1	10. Name and Add	iress of New I	Registered #	gent		1
IDAN	IEZ CANASI, LOURDES			81 Name							[
	N. ORANGE BLOSSOM TRAIL			82 Street	Address	(P.O. Box Number	is Not Accept	able) <	<u> </u>		1
#11	N. ORANGE DECOCOM Trade			83	<u> </u>	E MI	171 6 171		<u> </u>		}
	ANDO FL 32810			83							)
	ANDO LE GEOTO			84 C	0/ ^	NOO		FL	85 Zip	2 8/2	}
0	to the provisions of Sections 607.0502	and 607 1509 Florido Statut	oc the a			tion outbouite this of	tement for the	numpes of	hanaina ite	registered	{
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and acceptant obligations.	Florida. Such change was a	uthorized	by the corp	oration's	board of directors.	I hereby acce	pt the appoin	tment as re	gistered	
agent. I a	m familiar with and acceptable obligation	ons of, Section 607.0505, Floi	nda Stati	ites.				1-1-			1
(							// 3	p9/90	,		1
SIGNATURE	Stanature, typed or printed name of mastered agent a			Agent signature			03	2999 DATE			 ا
	Signature, typed or printed name of redistered agent a	and title if applicable. (NOTE					03	P499	DIRECTO		60,
SIGNATURE  12.  IIILE		and title if applicable. (NOTE	: Registered	Agent signature	required wh	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO	DRS IN 12	(44,00)
12.	OFFICERS AND DPST IBANEZ CANASI, LOURDES	and title if applicable. (NOTE)  DIRECTORS  DELETE	Registered	Agent signature	required wh	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO		04 /44/00)
12. πτε	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	and title if applicable. (NOTE)  DIRECTORS  DELETE	13. 1.1 TI	Agent signature	required wh	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO		0004 /44/00)
12. TITLE NAME	OFFICERS AND DPST IBANEZ CANASI, LOURDES	and title if applicable. (NOTE) DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 S1	Agent signature TLE	required wh	nen reinstating)	ANGES TO OF	FICERS AN	DIRECTO M Change	Addition	DOE004 (41(00)
12. TITLE NAME STREET ADDRESS	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	and title if applicable. (NOTE)  DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 S1	Agent signature ILE ME REET ADDRESS TY-ST-ZIP	required wh	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO		CD2E024 /41/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	and title if applicable. (NOTE) DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE	required wh	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO M Change	Addition	CD0E004 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	and title if applicable. (NOTE) DIRECTORS DELETE	13. 1.1 TI 1.2 NJ 1.3 S1 1.4 CI 2.1 TI 2.2 NJ	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO M Change	Addition	CB2E024 /41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AIL, #11	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C	Agent signature  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition	CD2E024 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	and title if applicable. (NOTE) DIRECTORS DELETE	13. 11TT 1.2 NV 1.3 S1 1.4 Ct 2.1 TT 2.2 NV 2.3 S' 2.4 C 3.1 TT 1.2 NV 1.3 S1 TT 1.4 Ct 2.4 Ct 3.1 TT 1.4 TT 1.4 Ct 3.1 TT 1.4 T	Agent signature  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  TY-ST-ZIP  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO M Change	Addition	CB2E034 (41(08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AIL, #11	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/	Agent signature  ILE  ME  REET ADDRESS  TY-ST-ZIP  ILE  ME  REET ADDRESS  TY-ST-ZIP  ILE  AME  REET ADDRESS  TY-ST-ZIP  ILE  AME	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition	CD2E024 (11(08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AIL, #11	13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S'	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition	CD2E024 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENTED	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AL, #11  DELETE	13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition ☐ Addition ☐ Addition	CD2E034 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AIL, #11	13. 1.1 TI 1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition	ODDE004 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AL, #11  DELETE	13. 1.1 TI 1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI 4.2 N	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  AME	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition ☐ Addition ☐ Addition	000000000000000000000000000000000000000
12. TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AL, #11  DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S' 2.4 CC 3.1 TT 3.2 NV 3.3 S' 3.4 CC 4.1 TT 4.2 NV 4.3 ST	Agent signature  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition ☐ Addition ☐ Addition	CD2E024 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AND DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TI 1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI 4. 2 NV 4.3 S1 4.4 CI	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	☐ Addition ☐ Addition ☐ Addition	ODDECOM (14100)
12. TITLE  NAME STREET ADDRESS CTY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AL, #11  DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S' 2.4 CC 3.1 TT 3.2 NV 3.3 S' 3.4 CC 4.1 TT 4.2 NV 4.3 ST	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	Addition  Addition  Addition	ODDE024 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AND DELETE  DELETE  DELETE  DELETE  DELETE	2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV 4.3 SI 4.4 CCI 5.1 TI 5.2 NV	Agent signature  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS  ITY-ST-ZIP  ILE  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	Addition  Addition  Addition	ODDE024 (14100)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	AND DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 S'	Agent signature  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	Addition  Addition  Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR	And title if applicable. (NOTE DIRECTORS DELETE  ALL, #11  DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 S'	Agent signature  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IYY-ST-ZIP LE ME	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change	Addition  Addition  Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPST IBANEZ CANASI, LOURDES 7803 N. ORANGE BLOSSOM TR ORLANDO FL 32810	AND DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI	Agent signature  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	471	nen reinstatting) ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO Change  Change  Change	Addition  Addition  Addition	

14. I hereby certify that the information supplied with this filing oces 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 trusteel 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP, ⊋#

KEQUIRED IGNING OFFICER OR DIRECTOR