

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000060730

1. Entity Name
INTER-MED MEDICAL SUPPLY, INC.



FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90008 028 ***150.00

Principal Place of Business

7221 S.W. CORAL WAY
STE. 201-A
MIAMI, FL 33155

Mailing Address

7221 S.W. CORAL WAY
STE. 201-A
MIAMI, FL 33155



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0521054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUINONES, ALCIDA
758 N.W. 136 AVENUE
MIAMI, FL 33182

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTS
NAME: QUINONES, ALCIDA
STREET ADDRESS: 758 N.W. 136TH AVENUE
CITY-ST-ZIP: MIAMI, FL 33182

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
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STREET ADDRESS:
CITY-ST-ZIP:

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alcida Quinones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alcida Quinones

3/09/04
DATE

305-2648554
Daytime Phone #