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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000069612 (7)

1. Corporation Name

GOLDEN MEDICAL SUPPLY & EQUIPMENT, INC.

Principal Place of Business	Mailing Address
729 SIESTA KEY TR. DEERFIELD BEACH FL 33441	729 SIESTA KEY TR. DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 23043 S. STATE Road 7
Suite, Apt. #, etc.
22 Suite 9B
City & State
23 BOCA Raton FLORIDA
Zip
24 33428
Country
25 Palm Beach

2a. Mailing Address
26 23043 S. State Road 7
Suite, Apt. #, etc.
27 Suite 9B
City & State
28 BOCA RatoN FLORida
Zip
29 33428
Country
30 Palm Beach

4. FEI Number: 65-0524263 ☐ 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

KOSOY, ROMAN
729 SIESTA KEY TR.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: KOSOY, ROMAN
82 Street Address (P.O. Box Number is Not Acceptable): 21165 Escondido Way
83
84 City: BOCA Raton FL 85 Zip Code: 33433

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] ROMAN KOSOY PRESIDENT 5/1/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	KOSOY, ROMAN	
STREET ADDRESS	729 SIESTA KEY TR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VSD	☐ DELETE
NAME	DORMAN, FLORA	
STREET ADDRESS	566 DONGAN HILL AVE	
CITY-ST-ZIP	STATEN ISLAND NY 10305	
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

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	KOSOY, ROMAN	
1.3 STREET ADDRESS	21165 ESCONDIDO WAY	
1.4 CITY-ST-ZIP	BOCA RatoN FL 33433	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [signature] ROMAN KOSOY 5/1/96 (407)477-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)