

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 # P94000074878 (7)

1. Corporation Name

CONYER MEDICAL SUPPLY CORP.



Principal Place of Business

9240 SUNSET DRIVE
SUITE 222
MIAMI FL 33173

Mailing Address

9240 SUNSET DRIVE
SUITE 222
MIAMI FL 33173

3. Date Incorporated or Qualified
10/12/1994

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

4. FEI Number
65-0525596

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

10. Name and Address of New Registered Agent

ARIAS, MARIA
9240 SUNSET DRIVE
SUITE 222
MIAMI FL 33173

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 607.0502 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ARIAS, MARIA
9240 SUNSET DR., SUITE 222
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DIAZ, MARIA I
9240 SUNSET DR., SUITE 222
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

800001792128
-04/24/96--01017--028
***200.00

4/23/96
R

SIGNATURE:

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

CR2E034 (12/95)