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 # P94000080370 (7)

1. Corporation Name

MEDICAL SUPPLY FOUNDATION, INC.

Principal Place of Business	Mailing Address
7663 NEWPORT TERRACE BOCA RATON FL 33433	7663 NEWPORT TERRACE BOCA RATON FL 33433

3. Date Incorporated or Qualified: **11/02/1994**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21 3275 W. HILLSBORO BLVD.
Suite, Apt. #, etc.
22 SU. 201
City & State
23 DEERFIELD BEACH, FL
Zip 24 33442 Country 25 USA

2a. Mailing Address
26 3275 W. HILLSBORO BLVD
Suite, Apt. #, etc.
27 SU. 201
City & State
28 DEERFIELD BEACH, FL
Zip 29 33442 Country 30 USA

4. FEI Number: **65-0533321** ☐ 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**

UNGAR, AHARON
7663 NEWPORT TERRACE
BOCA RATON FL 33433

10. **Name and Address of New Registered Agent**

81 Name: AHARON UNGAR (SAME)
82 Street Address (P.O. Box Number is Not Acceptable): 22274 MORNING GLORY TERRACE
83 [redacted]
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1 1 TITLE	☑ Change ☐ Addition
NAME	UNGAR, AHARON		1 2 NAME	
STREET ADDRESS	7663 NEWPORT TERRACE		1 3 STREET ADDRESS	22274 MORNING GLORY TERRACE
CITY-ST-ZIP	BOCA RATON FL 33442		1 4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	DVS	☐ DELETE	2 1 TITLE	☑ Change ☐ Addition
NAME	UNGAR, JENNIFER		2 2 NAME	
STREET ADDRESS	7663 NEWPORT TERRACE		2 3 STREET ADDRESS	22274 MORNING GLORY TERRACE
CITY-ST-ZIP	BOCA RATON FL 33442		2 4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 Date
(954)725-8824 Daytime Phone #

CR2E034 (12/95)