## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000080370

Principal Place of Business

SIGNATURE:

MEDICAL SUPPLY FOUNDATION, INC.

3275 W. HILLSB SUITE 201 DEERFIELD BEA US	•	3275 W. HILLSBORO BLVD. SUITE 201 DEERFIELD BEACH FL 33442 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
66						11/02/1994			
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For .	
<del></del>		26				65-0533321	N	ot Applicable	
Suite, Apt. #	# etc.	Suite, Apt. #, etc.			_	5 Certificate of Status Desired	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee R	equired		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip Country		Zip Country			8. This corporation owes the current ye		_		
24	25	29 30	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Regist	ered Agent		
					e				
UNGAR, AHARON				Stree	ot Addres	ss (P.O. Box Number is Not Acceptable)			
690 NE 175TH ST			82 Street Address (P.O. Box Number is Not Acceptable)				· <u> </u>		
NORTH MIAMI BCH FL 33162			83			描寫問			
l	•		<u> </u>	6:		্র করের টুট্টের প্রেক্ট্র ট্রিট্টের স্থানির করের জার্টির হিছিল সার্থিত সেরুর করের বিভাগ করের বিভাগ করের	85 Zip	Code Code	
			84	City			FL   "   "	.	
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									
1 000 are as societated agent, or both, in the State of Florida, Silon change was alimonyed by the corpulation's bodie of discussion and opposition of Florida, Silon change was alimonyed by the corpulation of the corpulati									
Office of registered agent, or both, in the solate of 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)/									
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12	
TITLE	DPT DELETE 1.1					CE (833591	Change	Addition	
NAME			1.2 NAME			50 - NE 47 - S			
STREET ADDRESS	The same amount of the			T ADDRES	ss	•			
	NORTH MIAMI BCH FL 33162		1.4 CITY-S		1		÷		
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		<del>-</del>	2.2 NAME						
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NAME		j ,	3.3 STREE	TANNOC	ee				
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NAME ·			5.3 STREE	T ADDRE	ee				
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TITLE	Denine, menishi BEC RE 175TH ST	☐ DELETE	6.2 NAME						
NAME	NORTH MARK SCHIP. CROSS			ታ ለበጥቦጥ				Ĭ	
STREET ADDRESS	DAS .	•	6.3 STREE		∞	•		ļ	
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14. 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 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, with all other like empowered.									
officer or Block 12	director of the corporation or the receiv or Block 13 if changed, or on an attach	er or trustee empowered to exemple with an address, with all o	ecute this to other like e	report a	as requir ered.	red by Chapter 607, Florida Statutes; and	tnat my name af	ipears in	

**FILED** Feb 05, 1999 8:00am **Secretary of State** 

02-05-1999 90006 040 \*\*\*150.00

