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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083908 (1)

1. Corporation Name

THE MEDICAL STORE OF ORLANDO, INC.

Principal Place of Business

490 NORTH STREET
LONGWOOD FL 32750
US

Mailing Address

490 NORTH STREET
LONGWOOD FL 32750-7650
US



3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

06/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 SUITE # 124

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 SUITE # 124

City & State

28

Zip

Country

29

30

4. FEI Number

59-3278195

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

ROY, DAVID R ESQ.
4201 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

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: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROY, MARCIA F
STREET ADDRESS 429 BAY TREE LANE
CITY - ST - ZIP LONGWOOD FL

☐ DELETE

TITLE VSD
NAME ROY, WILFRED J III
STREET ADDRESS 429 BAY TREE LANE
CITY - ST - ZIP LONGWOOD FL

☐ DELETE

TITLE T
NAME SHEPHERD, JOSEPH C
STREET ADDRESS 114 WINDTREE LANE
CITY - ST - ZIP WINTER GARDEN FL 34787

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Joseph C. Shepherd* JOSEPH C. SHEPHERD

01-21-97 (407) 831-7331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)