

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000085610 (1)**

1. Corporation Name:

MEDICENTER DIABETIC SUPPLY INC.



Principal Place of Business

Mailing Address

**711 WEST INDIANTOWN ROAD
JUPITER FL 33458**

**711 WEST INDIANTOWN ROAD
JUPITER FL 33458**

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

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/23/1994

3a. Date of Last Report

09/22/1995

4. FEI Number

65-0537343

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

10. Name and Address of New Registered Agent

**CATES, JACK S
711 WEST INDIANTOWN ROAD
JUPITER FL 33458**

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 person or persons authorized to sign this document

Signature of Registered Agent (signature required for change of agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD
CATES, JACK S**
STREET ADDRESS **711 WEST INDIANTOWN ROAD**
CITY-STATE-ZIP **JUPITER FL 33458**

TITLE ☐ DELETE
NAME
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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

65 CITY-STATE-ZIP

66 CITY-STATE-ZIP

67 CITY-STATE-ZIP

68 CITY-STATE-ZIP

69 CITY-STATE-ZIP

70 CITY-STATE-ZIP

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74 CITY-STATE-ZIP

75 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

Daytime Phone #

CR2E034 (12/95)