SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 01:17

DOCUMENT # P94000090774 (8)

1. Corporation Name

ACCESS MEDICAL SUPPLY CORPORATION

Principal Place of Business	Mailing Address
1233 AZALEA DRIVE TALLAHASSEE FL 32301	1233 AZALEA DRIVE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report: n/a

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3273177 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 County — 25
Zip — 29 County — 30
8. This corporation has been liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WILLIAMS, ISAAC
1233 AZALEA DRIVE
TALLAHASSEE FL 32301

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 Isaac Williams, Isaac Williams — 6/12/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ISAAC	12 NAME	
STREET ADDRESS	1233 AZALEA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CARREKER, ALPHONSO	22 NAME	
STREET ADDRESS	1233 AZALEA DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CARREKER, KIMBERLY	32 NAME	
STREET ADDRESS	1233 AZALEA DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, HENRINETTA	42 NAME	
STREET ADDRESS	1233 AZALEA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MARTIN, EDWINA	52 NAME	
STREET ADDRESS	1233 AZALEA DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MARTIN, DEXTER	62 NAME	
STREET ADDRESS	1233 AZALEA DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Isaac Williams, Isaac Williams — 6/12/95 — 904-656-8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127765 FP