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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000092623

. Corporation Name

S & M MEDICAL SUPPLY, INC.

o a m m	EDIONE GOTTETT ING	·					
Principal Place	of Business	Mailing Address					
1570 W. 43 PL SUITE 24 HIALEAH FL 33012		1570 W. 43 PL SUITE 24 . HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/23/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	·	_	4. FEI Number 65-0542156	Not A	ed For pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add Fee Requi	
City & State	e	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Ma Added to F	
<b>Zip</b> ·	Country	Zip	Countr	у	This corporation owes the current ye     Personal Property Tax.	ar Intangible	<b>S</b> io
24	25	29	30		10. Name and Address of New Regist		
<u>.</u>	9. Name and Address of Curren	t Registered Agent	8.	1 Name	10. Islanto and radarsos of their flogist		
	TINEZ, SILVIO ) W. 43 PL	AN AN AN AN AN	8:		tress (P.O. Box Number is Not Acceptable)	<u> </u>	
SUIT	E 24		8:	3			. 1355 . 134 71
1	EAH FL 33012		8-		<u> </u>	FL 85 Zip Coo	ļ
	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligat				tion's board of directors, I hereby accept the		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	of Florida, Such change was a tions of, Section 607.0505, Florida and title if applicable. (NOTE	rida Statute	is.	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	TE	
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6.4 CITY-ST-ZIP

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 of supplied ental 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 legal error 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 an attachment with an address, with all other like empowered.

SIGNATURE:

TYAD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/99 Date

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90053 014 \*\*\*150.00

305-825-1119 Daytime Phone # CR2E034 (11/98)