

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

FILED

Jan 15 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 # P94000093410 (6)

1. Corporation Name

DOCTORS MEDICAL SUPPLIES, INC.



Principal Place of Business

215 SW 17 AVE.  
STE 312  
MIAMI FL 33135  
US

Mailing Address

215 SW 17 AVE.  
STE 312  
MIAMI FL 33135-3681  
US

3. Date Incorporated or Qualified  
12/23/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 175 FONTAINE BLEAU BLVD

2a. Mailing Address

26 175 FONTAINE BLEAU BLVD

Suite, Apt #, etc.

22 SUITE 2G13

Suite, Apt #, etc.

27 SUITE 2G13

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33172

Country

25 DADE

Zip

29 33172

Country

30 DADE

4. FEI Number

65-0542193

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

GONZALEZ, JORGE  
215 SW 17 AVE.  
STE 312  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

JORGE GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 175 FONTAINE BLEAU BLVD. SUITE 2G13

84 City

Miami

FL

85 Zip Code

33172

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 ☐ DELETE

NAME GONZALEZ, JORGE  
STREET ADDRESS 1800 NW 24TH AVENUE #810  
CITY - ST - ZIP MIAMI FL 33125

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

800002059918  
-01/16/97--01015--014  
\*\*\*165.00

200002060022  
-01/16/97--01015--030  
\*\*\*165.00

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 (305) 225-2003

Date

Daytime Phone #

CR2E034 (9/96)