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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAR -5 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0214994

DOCUMENT # **P94000093410**

1. Corporation Name
DOCTORS MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
CALLE FERNANDEZ GARCIA #26 LOCAL #2 LUQUILLO PR 00773 US	8357 W. FLAGLER STREET SUITE 345 MIAMI FL 33144-2072

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/23/1994
4. FEI Number: 65-0542193 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

21	2. Principal Place of Business	26	2a. Mailing Address: CALLE FERNANDEZ GARCIA
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.: #26 LOCAL #2
23	City & State	28	City & State: Luquillo PR
24	Zip	29	Zip: 00773
25	Country	30	Country

9. Name and Address of Current Registered Agent

GONZALEZ, JORGE
3180 S.W. 129 AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: RABINDRANAUT R AMRUD RIOS
82 Street Address (P.O. Box Number is Not Acceptable): 8357 W. FLAGLER, STREET #345
83 MIAMI
84 City: FL 85 Zip Code: 33144

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 (X) Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when not listing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	GONZALEZ, JORGE	
STREET ADDRESS	3180 S.W. 129TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
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	P	[ ] Change [ ] Addition
1.2 NAME	RABINDRANAUT R AMRUD RIOS	
1.3 STREET ADDRESS	AVE MIGUEL POU	
1.4 CITY-ST-ZIP	PASEO del REY APT 2502 PONCE PR 00731	
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		

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JB 3-5-99

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 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, with all other like empowered.

SIGNATURE: (X) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)