FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001017 (9)**

1. Corporation Name

A & L MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
10240 S.W. 56TH STREET SUITE 110A MIAMI FL 33165	10240 S.W. 56TH STREET SUITE 110A MIAMI FL 33165

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10240 S.W. 56th STREET	26 10240 S.W. 56TH STREET
Suite, Apt. #, etc. 22 SUITE 112 A	Suite, Apt. #, etc. 27 SUITE 112 A
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33165 / 25 USA	Zip / Country 29 33165 / 30 USA

4. FEI Number: 65-0544355 ☐ 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

RODRIGUEZ, ARTURO
10240 S.W. 56TH ST.
SUITE 110A
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: ARTURO RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 10240 SW 56TH STREET
83: SUITE 112 A
84 City: MIAMI FL 85 Zip Code: 33165

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: _____ DATE: _____
Signature, type or printed name of registered agent, and date required. (NOTE: Registered Agent's signature required for mailing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD RODRIGUEZ, ARTURO 10240 S.W. 56TH ST. #110A MIAMI FL 33165	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P RODRIGUEZ, ARTURO 10240 SW 56TH ST. SUITE 112 A MIAMI, FL 33165	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Arturo Rodriguez (ARTURO Rodriguez, President) 6-27-96 (305) 274-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #