

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004517 (5)
1. Corporation Name

MEDICAL SUPPLY SERVICES, INC.

Principal Place of Business

Mailing Address

12495 SANDY RUN ROAD
JUPITER FL 33478

12495 SANDY RUN ROAD
JUPITER FL 33478



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PRICE, ROBERT D
12495 SANDY RUN ROAD
JUPITER FL 33478

3. Date Incorporated or Qualified

3a. Date of Last Report

01/18/1995

4. FEI Number

Applied For
Not Applicable

05-0554843

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

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

Signature of registered agent (to be signed and dated by agent)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPS
PRICE, ROBERT D
12495 SANDY RUN RD.
JUPITER FL 33478

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

15 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST-ZIP

18 CITY-ST-ZIP 19 CITY-ST-ZIP 20 CITY-ST-ZIP

21 CITY-ST-ZIP 22 CITY-ST-ZIP 23 CITY-ST-ZIP

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84 CITY-ST-ZIP 85 CITY-ST-ZIP 86 CITY-ST-ZIP

87 CITY-ST-ZIP 88 CITY-ST-ZIP 89 CITY-ST-ZIP

90 CITY-ST-ZIP 91 CITY-ST-ZIP 92 CITY-ST-ZIP

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-07/30/96--01157--032
***225.00

6/15/96
05 7/30/96

CR2E034 (3/96)