

FROM: P&M PHARMCY

TO: 18504876017

10-11-99 03:26

PAGE: 2

000017

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000008506

1. Corporation Name
P & M MEDICAL EQUIPMENT & SUPPLY, INC.

Principal Place of Business

11180 W. FLAGLER STREET
MIAMI FL 33174
US

Mailing Address

13310 N.W. 8TH STREET
MIAMI FL 33182
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Name and Address of Current Registered Agent

RUSSO, BARBARA
13310 N.W. 8TH STREET
MIAMI FL 33182

05/06/99 90297011

DO NOT WRITE IN THIS SPACE

150

3. Date Incorporated or Qualified

02/01/1985

4. FEI Number

05-0552042

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year

Intangible Personal Property.

☐

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-STATE-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-STATE-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-STATE-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-STATE-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-STATE-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. (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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0020034 (5/99)



OM: P&M PHARMACY

TO: 18504876017

10-11-99 03:28

PAGE: 1

**P. & M. PHARMACY
10910 WEST FLAGLER ST. #104
MIAMI-DADE, FL. 33174
PH. 305-559-9492
FAX 305-559-5862**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX #6327
TALLAHASSEE, FL. 32314**

ATTN.: STACY

**ATTACHED PLEASE FIND PHOTOCOPY OF ANNUAL REPORT -SECOND NOTICE
FILED OR MAILED ON SEPT. 1, 1999.
THIS COPY/NEW REPORT SHOW OFFICERS AND DIRECTORS CHANGES IN
FISCAL YEAR 1999. PLEASE TAKE NOTE OF THIS IN ORDER TO CORRECT AND
REINSTATE CORPORATION DOCUMENT #F95000000306.**

SINCERELY,


A. DEJESUS

OCT. 13, 1999