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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000012525 (8)

1. Corporation Name

FLORIDA STATE MEDICAL SUPPLIES, INC.



Principal Place of Business

Mailing Address

420 TIMBERWALK CT.
SUITE #1234
PONTE VEDRA BEACH FL 32082

420 TIMBERWALK CT.
SUITE #1234
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6623 Stratford Dr.

Suite, Apt. #, etc.

22

City & State

23 Parkland, FL

Zip

Country

24 33067

25

2a. Mailing Address

26 6623 Stratford Dr.

Suite, Apt. #, etc.

27

City & State

28 Parkland, FL

Zip

Country

29 33067

30

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

65-0559773

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

6. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KEENAN, EDMUND
420 TIMBERWALK CT.
SUITE #1234
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

KEENAN Edmund

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

6623 STRATFORD DR.

83

84 City

Parkland

FL

85 Zip Code

33067

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

Edmund A Keenan

DATE

1-28-98

12. OFFICERS AND DIRECTORS

TITLE P/S
NAME KEENAN, EDMUND
STREET ADDRESS 420 TIMBERWALK CT.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/S
KEENAN, Edmund
6623 STRATFORD DR.
PARKLAND, FL 33067

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

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

1-28-98

954-252-2729

CR2E034 (10/97)