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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90047 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012525

1. Corporation Name
FLORIDA STATE MEDICAL SUPPLIES, INC.

Principal Place of Business

6623 STRATFORD DR
PARKLAND FL 33067
US

Mailing Address

6623 STRATFORD DR
PARKLAND FL 33067
US

DO NOT WRITE IN THIS SPACE

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

7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6400 OSPREY TERR.
Suite, Apt. #, etc.

22 City & State

23 COCONUT CREEK, FL
Country

24 33073

25 US

2a. Mailing Address

26 6400 OSPREY TERR.
Suite, Apt. #, etc.

27 City & State

28 COCONUT CREEK, FL
Country

29 33073

30 US

9. Name and Address of Current Registered Agent

KEENAN, EDMUND
6623 STRATFORD DR
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

KEENAN, Edmund

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

6400 OSPREY TERR.

83

84 City

COCONUT CREEK

FL

85 Zip Code

33073

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Edmund A Keenan

1-25-99

12. OFFICERS AND DIRECTORS

TITLE P/S ☐ DELETE
NAME KEENAN, EDMUND
STREET ADDRESS 6623 STRATFORD DR
CITY-ST-ZIP PARKLAND FL 33067

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6400 OSPREY TERR.
1.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99

954-480-8383

CR2E034 (11/98)