

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 20 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 # P95000022503 (3)
1. Corporation Name
MEDISYS FORMS & SUPPLIES, INC.



Principal Place of Business 3912 NORTH 29TH AVENUE HOLLYWOOD FL 33020	Mailing Address 3912 NORTH 29TH AVENUE HOLLYWOOD FL 33020
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1995	
21	22	26	27	4. FEI Number 65-0651868	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Zip	Country		
		33122	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOPEZ, JORGE A ESQ. 2500 N.W. 79TH AVENUE MIAMI FL 33122				81 Name	PERRY I. CONE		
				82 Street Address (P.O. Box Number is Not Acceptable)	2500 NW. 79th Ave.		
				83			
				84 City	Miami	85 Zip Code	FL 33122

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]* **PERRY I. CONE** DATE **4/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR ESPER, GEORGE	1.2 NAME	
STREET ADDRESS	3912 N. 29 AVE. HOLLYWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DC ALVAREZ, JOSE M.	2.2 NAME	
STREET ADDRESS	2500 NW 79 AVE. MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV ESPER, AL	3.2 NAME	
STREET ADDRESS	3912 N. 29 AVE. HOLLYWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT TORGAS, ED. S.	4.2 NAME	
STREET ADDRESS	2500 NW 79 AVE. MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV FERNANDEZ, SERGIO	5.2 NAME	
STREET ADDRESS	2500 NW 79 AVE. MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S LOPEZ, JORGE A.	6.2 NAME	PERRY I. CONE
STREET ADDRESS	2500 NW 79 AVE. MIAMI FL	6.3 STREET ADDRESS	2500 NW. 79th Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL. 33122

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]* **SERGIO FERNANDEZ** DATE **4/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

(305) 715-0000
Ext. 3379

CR2E034 (10/97)