

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90278 015 \*\*\*150.00

DOCUMENT # P95000022797

1. Corporation Name

GEO-MEDICAL FORMS & SUPPLIES, INC.



Principal Place of Business  
3912 NORTH 29 AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
2500 NW 79TH AVE  
LEGAL DEPARTMENT  
MIAMI FL 33122  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

65-0593787

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

CONE, PERRY I  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME ESPER, GEORGE  
STREET ADDRESS 3912 N. 29 AVE.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE DC ☐ DELETE  
NAME ALVAREZ, JOSE M.  
STREET ADDRESS 2500 NW 79 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ DELETE  
NAME ESPER, AL  
STREET ADDRESS 3912 N 29 AVE.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE DT ☐ DELETE  
NAME TORGAS, ED S.  
STREET ADDRESS 2500 NW 79 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ DELETE  
NAME FERNANDEZ, SERGIO  
STREET ADDRESS 2500 NW 79 AVE.  
CITY-ST-ZIP MIAMI FL 33122

TITLE S ☐ DELETE  
NAME CONE, PERRY I  
STREET ADDRESS 2500 NW 79TH AVE  
CITY-ST-ZIP MIAMI FL 33122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 DV  
5.3 STREET ADDRESS FERNANDEZ, SERGIO  
5.4 CITY-ST-ZIP 2500 NW. 79th Avenue  
Miami, FL. 33122

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: SERGIO FERNANDEZ, Director 4/5/99 (305) 715-0000, Ext. 3379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0178684

CR2E034 (1/1/98)