

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 04 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P95000023224 (5)**

1. Corporation Name

**L & M MEDICAL SUPPLIES, INC.**



Principal Place of Business

**8181 N.W. 36TH ST., SUITE 30  
MIAMI FL 33166**

Mailing Address

**8181 N.W. 36TH ST., SUITE 30  
MIAMI FL 33166**

2. Principal Place of Business

21 **801 WEST 49<sup>th</sup> STREET**

Suite, Apt. #, etc.

22 **SUITE 248**

City & State

23 **HALEAH FLORIDA**

24 Zip **33012** 25 Country **USA**

2a. Mailing Address

26 **801 WEST 49<sup>th</sup> STREET**

Suite, Apt. #, etc.

27 **SUITE 248**

City & State

28 **HALEAH FLORIDA**

29 Zip **33012** 30 Country **USA**

3. Date Incorporated or Qualified

**03/22/1995**

3a. Date of Last Report

4. FEI Number

**05-0567155**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GONZALEZ, MAYRA  
8181 N.W. 36TH ST., SUITE 30  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name **GONZALEZ, MAYRA**

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

**801 WEST 49<sup>th</sup> STREET**

83 **SUITE 248**

84 City **MIAMI**

FL 85 Zip Code **33012**

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 their application

(NOTE: Registered Agent signature required when amending)

DATE

**SAME REGISTERED AGENT**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GONZALEZ, MAYRA**

STREET ADDRESS **8181 N.W. 36TH ST., SUITE 30**

CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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 **PD** ☒ Change ☐ Addition

1.2 NAME **GONZALEZ, MAYRA**

1.3 STREET ADDRESS **801 WEST 49<sup>th</sup> STREET**

1.4 CITY-ST-ZIP **HALEAH FL 33012**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/96 (305) 825-2752**  
Daytime Phone #

CR2E034 (12/95)