

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90132 043 ***150.00

DOCUMENT # P95000026232

1. Corporation Name

JCG MEDICAL SUPPLIERS, INC.

Principal Place of Business

3400 N.E. 192ND STREET
TOWER 600, #1603
MIAMI FL 33180

Mailing Address

3400 N.E. 192ND STREET
TOWER 600, #1603
MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0584384

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 290E RIVERBEND DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 290E RIVERBEND DRIVE

Suite, Apt. #, etc.

23 City & State

SUNRISE, FLORIDA

28 City & State

SUNRISE, FLORIDA

24 Zip

33326

Country

25 USA

29 Zip

33326

Country

30 USA

9. Name and Address of Current Registered Agent

GUIMARAES, JOSE CARLOS
3400 N.E. 192ND STREET
TOWER 600, #1603
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

GUIMARAES, JOSE CARLOS

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

290E RIVERBEND DRIVE

83

84 City

SUNRISE

FL

85 Zip Code

33326

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

☐ DELETE

TITLE D
NAME GUIMARAES, JOSE CARLOS
STREET ADDRESS 3400 N.E. 192ND ST., TOWER 600, #1603
CITY-ST-ZIP MIAMI FL 33180

TITLE S
NAME GUIMMARES, AYEDA B.
STREET ADDRESS 3400 NE 192 ST TOWER 600 #1603
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE D
1.2 NAME GUIMARAES, JOSE CARLOS
1.3 STREET ADDRESS 290E RIVERBEND DR.
1.4 CITY-ST-ZIP SUNRISE, FL 33326

2.1 TITLE S
2.2 NAME GUIMARAES, AYEDA B.
2.3 STREET ADDRESS 290E RIVERBEND DR.
2.4 CITY-ST-ZIP SUNRISE, FL 33326

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

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

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

6.1 TITLE
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

4/26/99

Daytime Phone #

CR2E034 (11/98)