FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000029935 (0)**

1. Corporation Name
VENICE MEDICAL & SUPPLY INC.

Principal Place of Business
280 SANTA MARIA STREET
VENICE FL 34285

Mailing Address
280 SANTA MARIA STREET
VENICE FL 34285

3. Date Incorporated or Qualified: **04/17/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 1865 So. TAMIAMI TR.
Suite, Apt. #, etc.
22
City & State
23 Venice Fl.
Zip
24 34293
Country
25 Sara. Sota

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0574116 — 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**
SHEARL, C. W
280 SANTA MARIA STREET
VENICE FL 34285

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 C. ANN SHEARL PRES 5-15-96
Signature, typed or printed name of registered agent (and title if applicable) (Profit: Registered Agent's signature required above) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres.	☐ DELETE
NAME	C. Ann Shearl.	
STREET ADDRESS	280 Santa Maria	
CITY-ST-ZIP	Venice Fl 34285	
TITLE	V Pres	☐ DELETE
NAME	John Rasmussen	
STREET ADDRESS	2791, Sunset Beach Dr	
CITY-ST-ZIP	Venice Fl. 34293	
TITLE	Sec'y	☐ DELETE
NAME	Teresa Rasmussen	
STREET ADDRESS	2791 Sunset Beach Dr	
CITY-ST-ZIP	Venice Fl. 34293	
TITLE	Treasurer	☐ DELETE
NAME	Cowan W. Shearl	
STREET ADDRESS	280 Santa Maria	
CITY-ST-ZIP	Venice Fl. 24285	
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		
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		
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: C. Ann Shearl — 5-15-96 — 941-497-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. Ann Shearl

CR2E034 (12/95)