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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000040722 (7)	
RAM MEDICAL SUPPLY, INC.	A 130/AFAN ANA 13180 JANNA 2000 BORNA ORANG BANGA BANGA ARANG ANGAR KANANA ANANG KANANA KANANA ANANG KANANA KA
Principal Place of Business Mailing Address	
10675 S.W. 6TH STREET 10675 S.W. 6TH STREET MIAMI FL 33174 MIAMI FL 33174	
	3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1995
2. Principal Place of Business 2a. Mailing Address 21	4. FEI Number Aprilled For
26     Suite, Apt. #, etc   Suite, Apt. #, etc.	65-0583738 Not Applicable
27	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State 28	6. Election Campaign Financing \$5.00 May Be
Zip         Country         Zip         Country	Trust Fund Contribution L. Added to Fees
24 25 29 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	Arnaldo Agvirre
82 Street Add	dress (P.O. Box Number is Not Acceptable)
MARIE STATE 1	373 S.W. P8 ST \$115
	•
84 City at	
[·] ··, <b>/</b>	IAMI EI 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporar registered agent or both in the State of France, Such charges was a thorough.	1441 FL 33176
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corpor registered agent, or both, in the State of Florida Such change was authorized by the corporation's bod familiar with, and appent the obligations of Section 607.0505. Florida Statutes.	oration submits this statement for the purpose of changing its registered office and of directors. Thereby accept the appointment as registered agent. I am
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14. I do hereby certify that the information supplied with this filing is volunturity furnished and does not qualify for the exemption stated in Section 119.07(3)(ii). 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

63 STREET ADDRESS 6.4 CHY+ST+ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5-6-96 Date - Dayman Proces

CR2E034 (12/95)