

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

APPROVED
AND
FILED

1996 APR 11 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000042556

1. Corporation Name

GEMIL MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

1025 HALLANDALE BEACH BLVD. SAME
HALLANDALE, FLORIDA 33009

3. Date Incorporated or Qualified

3a. Date of Last Report

JUNE 1/ 1995

4. FEI Number

65-0587163

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

2. Principal Place of Business

2a. Mailing Address

21 1107 HALLANDALE BEACH

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BLVD

27

City & State

City & State

23 HALLANDALE, FLORIDA

28

Zip

Country

Zip

Country

24 33009

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICTOR R. VELOZ
1031 PINE BLVD. SUITE 213
PEMBROKE PINE, FLORIDA

81 Name

ISMAEL D. JANE

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

1025 HALLANDALE BLVD. BEACH

83

HALLANDALE

84

HALLANDALE

FL

85 Zip Code

33009

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]

(Print Name of Registered Agent Signature Required When Registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME PD
STREET ADDRESS VELOZ, VICTOR R.
CITY-STATE-ZIP 651 S.E. 1st PLACE
HIALEAH, FLORIDA 33010

TITLE ☒ DELETE
NAME STD
STREET ADDRESS GONZALEZ, RAUL A.
CITY-STATE-ZIP 1201 S.W. 172th STREET
MIAMI, FLORIDA 33177

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS JANE, ISMAEL D.
1.4 CITY-STATE-ZIP 7225 WEST 11th Court Apt. 320
HIALEAH, FLORIDA 33014

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME STD
2.3 STREET ADDRESS SANCHEZ, HUGO A.
2.4 CITY-STATE-ZIP 1475 WEST 46th STREET APT. 537
HIALEAH, FLORIDA 33012

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

800001777008
-04/11/96--01074--010
****200.00 ****200.00

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10/1996

Date

Daytime Phone #

CR2E034 (12/95)