

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043856 (0)

1. Corporation Name
S & S MEDICAL, INC.

Principal Place of Business

10301 NORTHWEST 7TH STREET
PLANTATION FL 33324

Mailing Address

10301 NORTHWEST 7TH STREET
PLANTATION FL 33324



3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1380B NW 65 Ave #b

26 Suite, Apt. #, etc.

22 #B

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Plantation FL

28 Zip

24 33313

Country

29 Zip

25 US

Country

30 Zip

25 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number
65-0586441

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 ☐

10. Name and Address of New Registered Agent

81 Name
Schwartz, Sheldon J

82 Street Address (P.O. Box Number is Not Acceptable)
10301 NW 7 Street

83

84 City
Plantation FL

FL

85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 retaking.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

Schwartz Sheldon J

1.3 STREET ADDRESS

10301 NW 7 Street

1.4 CITY-ST-ZIP

Plantation FL 33324

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

300001798473

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***200.00

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 198.07(3)(a), 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: Sheldon Schwartz

4/15/91

305-700-1111

CR2E034 (12/95)