

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000047195 (9)  
1. Corporation Name

PROSPER MEDICAL SUPPLIES INC.

Principal Place of Business

3880 EAST 9TH LANE  
HIALEAH FL 33013

Mailing Address

3880 EAST 9TH LANE  
HIALEAH FL 33013



|                                                        |                     |                     |                     |                                                                                                                                                     |                                                    |                                |    |
|--------------------------------------------------------|---------------------|---------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------|----|
| 2. Principal Place of Business                         |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>06/14/1995                                                                                                     |                                                    | 3a. Date of Last Report        |    |
| 21                                                     | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0602905                                                                                                                         |                                                    | Applied For<br>Not Applicable  |    |
| 22                                                     | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                           |                                                    | \$8.75 Additional Fee Required |    |
| 23                                                     | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  |                                                    | \$5.00 May Be Added to Fees    |    |
| 24                                                     | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                    |                                |    |
| 9. Name and Address of Current Registered Agent        |                     |                     |                     | 10. Name and Address of New Registered Agent                                                                                                        |                                                    |                                |    |
| OLMO, JOSE A<br>3880 EAST 9TH LANE<br>HIALEAH FL 33013 |                     |                     |                     | 81                                                                                                                                                  | Name                                               |                                |    |
|                                                        |                     |                     |                     | 82                                                                                                                                                  | Street Address (P.O. Box Number is Not Acceptable) |                                |    |
|                                                        |                     |                     |                     | 83                                                                                                                                                  |                                                    |                                |    |
|                                                        |                     |                     |                     | 84                                                                                                                                                  | City                                               | FL                             | 85 |

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

(This is the Registered Agent signature required when reinstating)

Date

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|-------------------------------------------------------|--|
| TITLE                      | PVST               | 1.1 TITLE                                             |  |
| NAME                       | OLMO, JOSE A       | 1.2 NAME                                              |  |
| STREET ADDRESS             | 3880 EAST 9TH LANE | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HIALEAH FL 33013   | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                  | 2.1 TITLE                                             |  |
| NAME                       | OLMO, JOSE A       | 2.2 NAME                                              |  |
| STREET ADDRESS             | 3880 EAST 9TH LANE | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HIALEAH FL 33013   | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 3.1 TITLE                                             |  |
| NAME                       |                    | 3.2 NAME                                              |  |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 4.1 TITLE                                             |  |
| NAME                       |                    | 4.2 NAME                                              |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 5.1 TITLE                                             |  |
| NAME                       |                    | 5.2 NAME                                              |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 6.1 TITLE                                             |  |
| NAME                       |                    | 6.2 NAME                                              |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 205.2296028  
205.8253111

CR2E034 (3/96)