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

FILED
Jul 03, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000054451 (6)

1. Corporation Name
RICO MEDICAL SUPPLY, INC.

Principal Place of Business: ~~8924 SW 25 STREET MIAMI FL 33165~~

Mailing Address: ~~8924 SW 25 STREET MIAMI FL 33165~~

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6850 CORAL WAY
Suite, Apt. #, etc.
22 STE. 201
City & State
23 MIAMI, FL.
Zip
24 33155
25 Country: USA

2a. Mailing Address
26 6850 CORAL WAY
Suite, Apt. #, etc.
27 STE. 201
City & State
28 MIAMI, FL.
Zip
29 33155
30 Country:

4. FEI Number: 65-0596172 ☐ 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

~~VIDAL, DIANA M~~
~~8924 SW 25 STREET~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent

81 Name: RICO VIDAL, DIANA M.
82 Street Address (P.O. Box Number is Not Acceptable): 6850 CORAL WAY STE 201
83
84 City: MIAMI **FL** 85 Zip Code: 33155

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: Diana Rico Vidal — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating
DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	~~VIDAL, DIANA M~~	
STREET ADDRESS	~~8924 SW 25 STREET~~	
CITY-ST-ZIP	~~MIAMI FL 33165~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PSD	☒ Change ☐ Addition
1.2 NAME	RICO VIDAL, DIANA M.	
1.3 STREET ADDRESS	6850 CORAL WAY STE 201	
1.4 CITY-ST-ZIP	MIAMI, FL. 33155	
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: Diana Rico Vidal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/96 Daytime Phone #: (305) 667-9336

CR2E034 (12/95)