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
Mar 20, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000056378 (9)

1. Corporation Name

LOVE CARE MEDICAL SUPPLY CORP.

Principal Place of Business	Mailing Address
200 N.W. 48TH CT. #B MIAMI FL 33126	200 N.W. 48TH CT. #B MIAMI FL 33126

3. Date Incorporated or Qualified: 07/20/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1900 Coral Way	26 1900 Coral Way
Suite, Apt. #, etc. 22 205	Suite, Apt. #, etc. 27 205
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33145 / Country 25 Dade	Zip 29 33145 / Country 30 Dade

4. FEI Number: 65-0595136 ☐ 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**

RODRIGUEZ, ANAIDA
9501 FOUNTAINBLEAU BLVD.
#406
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name: Jorge L. Pajon
82 Street Address (P.O. Box Number is Not Acceptable): 1900 SW 21 Ter
83
84 City: Miami FL 85 Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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] Date 3/12/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	Jorge L. Pajon	
STREET ADDRESS	1900 SW 21 Ter	
CITY-ST-ZIP	Miami FL 33145	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	500001751235	
3.4 CITY-ST-ZIP	-03/20/96--01069--016	
4.1 TITLE	**200.00	☐ 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		

CR2E034 (12/95)

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: [signature] Jorge L. Pajon - President 2/27/96 (305) 8528604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #