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.)

AMENDED PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 30, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000056378

1. Corporation Name
Love Care Medical Supply Corp.

Principal Place of Business
8181 NW 36th St., Suite 13 E
Miami, Florida 331666

Mailing Address

3. Date Incorporated or Qualified: 7-20-95
3a. Date of Last Report: 3-20-96

2. Principal Place of Business
21 8181 NW 36 St.
22 Suite, Apt. #, etc: 13 E
23 City & State: Miami, Florida
24 Zip: 33166
25 Country: USA

2a. Mailing Address
26 8181 NW 36th St.
27 Suite, Apt. #, etc: 13 E
28 City & State: Miami, Florida
29 Zip: 33166
30 Country: USA

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: XX Yes ☐ No

9. Name and Address of Current Registered Agent
Jorge L. Pajon
1900 SW 21st Terrace
Miami, Florida 33145

10. Name and Address of New Registered Agent
81 Name: Armando Delgado
82 Street Address (P.O. Box Number is Not Acceptable): 5970 SW 12th St.
83 Miami , Florida
84 City: Miami FL 85 Zip Code: 33144

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: Armando Delgado — Signature typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 6-10-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	11 TITLE	President, Secretary & Treasurer
NAME	Jorge L. Pajon	12 NAME	Armando Delgado
STREET ADDRESS	1900 SW 21st Terrace	13 STREET ADDRESS	1900 SW 21st Terrace
CITY-ST-ZIP	Miami, Florida 33145	14 CITY-ST-ZIP	Miami, Florida 33145
	XX DELETE		XX Change ☐ Addition
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

7-30-96

500001908775
-07/30/96--01157--021
***61.25

CR2E034 (3/96)

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: Armando Delgado — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6-10-96 — Daytime Phone #: 305-513-9077