

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

DOCUMENT # P95000058359 (7)

1. Corporation Name

WILKINSON HEALTH SUPPLY OF VENICE, INC.



Principal Place of Business

Mailing Address

~~C/O JEFFERSON F. RIDDELL, P.A.~~
~~3400 S. TAMIAHI TRAIL~~
~~SARASOTA FL 34239~~

~~C/O JEFFERSON F. RIDDELL, P.A.~~
~~3400 S. TAMIAHI TRAIL~~
~~SARASOTA FL 34239~~

2. Principal Place of Business

21 664-B S. Tamiami Trail

2a. Mailing Address

26 664-B S. TAMIAHI TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Venice, FL

City & State

28 Venice, FL

Zip

24 34285

Country

25 US

Zip

29 34285

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDDELL, JEFFERSON F
C/O JEFFERSON F. RIDDELL, P.A.
3400 S. TAMIAHI TRAIL
SARASOTA FL 34239

81 Name SCOTT WILKINSON

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

664-B S. TAMIAHI TRAIL

83

84 City

Venice

FL

85 Zip Code

34285

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

Scott W. Wilkinson

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE DPST
1.2 NAME Wilkinson, Scott
1.3 STREET ADDRESS 4861 Bonita Road
1.4 CITY-ST-ZIP Venice, FL 34293
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
500001835445
-05/22/96--01110--023
***200.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Scott W. Wilkinson

SCOTT WILKINSON PRES. 4-26-96

Date

Daytime Phone #

483-3316

CR2E034 (12/95)