

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000060050 (8)

1. Corporation Name

MEDPLUS MEDICAL SUPPLIES, INC.

Principal Place of Business

11401 S.W. 40TH STREET
SUITE 318
MIAMI FL 33165

Mailing Address

11401 S.W. 40TH STREET
SUITE 318
MIAMI FL 33165-3339



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/03/1995

3a. Date of Last Report

05/10/1996

4. FEI Number

65-0598829

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

ORLOFF, IVANOVA
3041 S.W. 129TH AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

IVANOVA ORLOFF

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

3600 S.W. 138 CT

83

84 City

Miami

FL

85 Zip Code

33175

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

Ivanova Orloff

(NOTE: Registered Agent signature required when reinstating)

1/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ORLOFF, IVANOVA	
STREET ADDRESS	3041 S.W. 129TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	GARCIA, JORGE A	
STREET ADDRESS	3041 S.W. 129TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARCIA, JORGE	
STREET ADDRESS	3041 S.W. 129TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Orloff, Ivanova	
1.3 STREET ADDRESS	3600 S.W. 138 Court	
1.4 CITY-ST-ZIP	Miami - FL 33175	
2.1 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Garcia, Jorge A.	
2.3 STREET ADDRESS	3600 S.W. 138 Court	
2.4 CITY-ST-ZIP	Miami - FL 33175	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Garcia Jorge	
3.3 STREET ADDRESS	12771 N.W. 68th.	
3.4 CITY-ST-ZIP	Miami - FL 331	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ivanova Orloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IVANOVA ORLOFF

1/10/97

DATE

(305) 551-2677

Daytime Phone #

0222367

CR2E034 (9/96)