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

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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1995

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 owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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)
83: 3600 S.W. 13 St ct.
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: [signature] 1-15-97
(Must be dated & signed by current registered agent and title if applicable) (Note: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE	PTD	☑ Change ☐ Addition
NAME	ORLOFF, IVANOVA		12 NAME	Orloff, Ivanova	
STREET ADDRESS	3041 S.W. 129TH AVE.		13 STREET ADDRESS	3600 S.W. 13 St.	
CITY-ST-ZIP	MIAMI FL 33175		14 CITY-ST-ZIP	Miami FL 33175	
TITLE	SVD	☐ DELETE	21 TITLE	SVD	☑ Change ☐ Addition
NAME	GARCIA, JORGE A		22 NAME	Garcia, Jorge	
STREET ADDRESS	3041 S.W. 129TH AVE.		23 STREET ADDRESS	3600 S.W. 13 St.	
CITY-ST-ZIP	MIAMI FL 33175		24 CITY-ST-ZIP	Miami FL 33175	
TITLE	VD	☑ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GARCIA, JORGE		32 NAME		
STREET ADDRESS	3041 S.W. 129TH AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		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		

CR2E034 (10/97)

14. I 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: [signature] Ivanova Orloff 1-15-97 (305)551-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0228623