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DOCUI	MENT # P950	00073360 (6))			
	RIOR MEDICAL SUPPLIES	S, INC.	,) (8 1) (8 8) (18 18) (8 18) (8 1 0) (8 8) (8 8)	I (II I I I I I I I I I I I I I I I I I	I DIGIT G ana be ni abba
Principal Place	of Business	Mailing Address				
3960 EAST HIALEAH F	10 AVENUE L 33013	3960 EAST 10 AVENUE HIALEAH FL 33013				
				3. Date Incorporated or Qualified 09/22/1995	3a. Elate of Last	Report
2, Principal Pla	ace of Business, 56 ST	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.	00 May Be
Zιρ	30/6 Country DADE	Zip	Country	8. This corporation has liability for	intangible tax under	
	9. Name and Address of Curre	1777 1				
LABAR	ICA, ODALYS		- Z,	A BARCA Oda Address (P.O. Box Nurfiber is Not Acceptal	<u>/yS</u>	
	EAST 10 AVENUE AH FL 33013	Maring Address 3990 EAST 10 AVENUE HIALEAH FL 33013 3. Date Incorporated or Qualified 09/22/1995 4. FEL Number 65 ~ 06 10 7 68 Suite, Apt. 4, etc. 5. Certificate of Status Dosired Fee Required City & State City & State 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Fee Required 7. 20 8. This corporation has lability for intangible tax under s 199,032, Florida Statutes To Street Address (P.O. Box Number is Not Acceptable) 8. The Country 9. The Country 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 8. The Country 8. The Country 12. The Country 13. Date Incorporated or Qualified 9. Street Address (P.O. Box Number is Not Acceptable) 13. P. D. Country 14. Laboration 15. Delete 15. Delete 15. Delete 15. Delete 16. Election Campaign Financing 16. Election Campaign Financing 17. Support Fee Required 18. Name Address of New Registered Agent 19. On Number is Not Acceptable) 19. On Number is Number				
	4		84 City	Mia a '	E1 85	Zip Çode
SIGNATURE 5	x (3998 ·				rpose of changing its comment as registered as Total Comment as Total Comm	
12. Title	// OFFICERS A	ND DIRECTORS		ADDITIONS/CHANGES TO OFF		ORS IN 12
NAME	LABARCA, ODALYS			~ / /	PML CRANNE	
STREET ADDRESS	AAAA CAAT (A ALCAUSE			LABARCA, DALYS	DSL Change	
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CITY+ST-ZIP TITLE	3960 EAST 10 AVENUE HIALEAH FL 33013 TD BONCE DE LEON, ENILLO	DELETE	1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE	LABARCA, Odalys 21705W 139 Ave Miami, F133175	D≰_Criange	9
CITY+ST-ZIP	HIALEAH FL 33013 TD PONCE DE LEON, EMILIO 5316 WEST 24 COURT		1.3 STREET ADDRESS 1.4 CITY - ST- ZIP	21705W 139 AVE		9
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