


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90164 021 ***150.00

0128146

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000074234					
1. Corporation Name LOMER MEDICAL SUPPLIES & SERVICES CORP.					
Principal Place of Business 1840 W. 49 ST SUITE 220-1 HIALEAH FL 33012 US			Mailing Address 1840 W. 49 ST. SUITE 220-1 HIALEAH FL 33012 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 13319 S.W. 42 STREET		2a. Mailing Address 26 Same		4. FEI Number 65-0616867	
Suite, Apt. #, etc. 22 ---		Suite, Apt. #, etc. 27 ---		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Miami, Florida		City & State 28 ---		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33175		Country 25 U.S.A.		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent URRUTIA, CARMEN L 6571 SW 127 PATH MIAMI FL 33183			10. Name and Address of New Registered Agent 81 Name Vanessa G. Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable) 11256 SW 159 Ave. 83 --- 84 City Miami FL 85 Zip Code 33196		
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 Vanessa G. Rodriguez DATE 3/23/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URRUTIA, CARMEN L		1.2 NAME	Vanessa G. Rodriguez	
STREET ADDRESS	6571 SW 127 PATH		1.3 STREET ADDRESS	11256 S.W. 159 Ave	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP	Miami FL 33196	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	Carmen L. Urrutia	
STREET ADDRESS			2.3 STREET ADDRESS	6571 SW 127 Path	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami FL 33183	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)