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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 23 1996 8:00 am

Secretary of State

DOCUMENT # P95000078483 (1)

1. Corporation Name

PCA MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

~~18057 S.W. 12TH COURT~~
~~PEMBROKE PINES FL 33029~~

~~18057 S.W. 12TH COURT~~
~~PEMBROKE PINES FL 33029~~

2. Principal Place of Business

2a. Mailing Address

21 6595 NW 36 ST

26 6595 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 320B

27 320B

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33166

25 USA

29 33166

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, GILDA
18057 S.W. 12TH COURT
PEMBROKE PINES FL 33029

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and the corporation

(If the Registered Agent is a corporation, the signature of the president or secretary is required.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GONZALEZ, GILDA
STREET ADDRESS 18057 S.W. 12TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME PEREZ, CORALIA
STREET ADDRESS ~~943 S.W. 78TH PLACE~~
CITY-ST-ZIP ~~MIAMI FL 33144~~

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ~~SD~~
NAME ~~MARDIN, WALBERTO~~
STREET ADDRESS ~~18057 S.W. 12TH COURT~~
CITY-ST-ZIP ~~PEMBROKE PINES FL 33029~~

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD
NAME ~~INTERIAN, DAVID~~
STREET ADDRESS ~~943 S.W. 78TH PLACE~~
CITY-ST-ZIP ~~MIAMI FL 33144~~

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILDA GONZALEZ
PRESIDENT

3/11/96

Date

Print the Name

CR2E034 (12/95)