FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

April 1 96 (941)

April 1 96 454-6644

1996

P95000079445 (9)

DOCUMENT # 1. Corporation Name

CHY-SI-ZP

SIGNATURE:

MEDICAL SOURCE INC

						!		A BUBU BERN BAN 1201
Principal Place of Business Mailing Address							. ,	
11595 KELLY FORT MYERS		11595 KELLY ROAD FORT MYERS FL 33908						
						3. Date Incorporated or Qualified 3a. 10/13/1995	Date of La	ast Report
2. Principal Pa	ice of Business	2a. Mailing Address 26				4. FEI Number 65-0618578		Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Cortificate of Status Desired		8.75 Additional Fee Required
Orty & State		City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	30	ntry		8. This corporation has liability for intangib Florida Statutes ☐ Yes ☐ No)	
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agen	<u> </u>
	IER, HARRY ELLY ROAD		1	81 Na82 Street		ss (P.O. Box Number is Not Acceptable)	#*************************************	
	YERS FL 33908			83				
:				84 City	у	F	- L 85	Zip Code
or registere familiar wit SIGNATURE	o the provisions of Soctions 607 Just od agent, or both, in the State of Flo h, and accept the obligations of, Soc Squaters types or plated name of registered ago	rida, Such change was author ction 607.0505, Florida Statule	ized by the c	orporatio	on's board	ion submits this statement for the purpose of of directors. I hereby accept the appointment denies stating.	t as regis	g its registered unice stered agent. I am
12.	OFFICERS AT	ND DIRECTORS	13.	•••••		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	ECTORS IN 12
THILE	D	XI DELETE	1, 1 1)	ILF			Ch.	ange [] Addition
NAME _	-TROWBRIDGE; KEITH	•	1.2 NA	ME				
STREET ADDRESS	-11595-KELLY-ROAD		1.3 \$1	REET ADDR	ess			
C/TY - \$1 - 7#	-FORT-MYERS FL 33908		1.4 CI	Y-\$1-7:P				
TITLE	DECAL VINCE	DELETE	2. 1 11	ĪLĒ			□ Ch	lange []] Addition
NAME	DESAI, VINCE 11595 KELLY ROAD		22 NA					
STREET ADDRESS	FORT MYERS FL 33908			REET ADDR	ESS			
CITY+ST-ZIP	TOTAL MILETO TE 00000	["] DELETE	2.4 CF 3. 1 TI	(V-S1-7)P			Ch	nange ["] Addition
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STREET ADDRESS				14 - S1 - ZiP	11:00			
CHY+S1+2IF THLE		[] DELETE	4, 1 T				T Ch	ange [] Addition
NAME		L., J	4.2 NA				-	
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				IY-ST-ZIP				
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NAME		End	5.2 NA	*:		700001782° -04/16/9601126-	กไว	
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CHY-ST-ZIF			1	1 Y-S1-Z IP		**************************************		
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NAME		had	6 2 N					nange Addition
STREET ADDRESS				REEL ADDR	ESS			-4.16
OF SULL PROGRAMME (SO)	1		= 2020					•

6.4 CITY - S* - ZIP

14. Too 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 Statutos. 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 Statutos, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR