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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000088897 (0)  SILSAMI MEDICAL SUPPLIES INC.											
Principal Place o	of Business		Ma	ailing Address	<del></del>	<del></del>	<u> </u>				
1840 W 49TH ST. #600 1840 W 49TH S				1840 W 49TH ST. #1 HIALEAH FL 33012	800						
							3. Date Incorporated or 11/20/1995	Qualified	3a. Date	of Last R	eport
2. Principal Plac	ce of Business		2a. 26	Mailing Address		,	4. FEI Number 65-063	097	70	<b>⊢</b> +	Applied For
Suite, Apt. #,	, etc.		26	Suite, Apt. #, etc.							Not Applicable  Additional
2			27	·			Certificate of Status D	esirea			Required
Orty & State			28	City & State			Election Campaign Fir     Trust Fund Contribution				O May Be
Zip	Co	ountry		Zip	Çou	intry	8. This corporation has li		intangible tax		
1	25		29		30		Florida Statutes		□No		
	g. Name and A	daress of Curr	ent Hegist	ered Agent		81 Name	10. Name and Address	of New F	legistered A	gent	
SOTO	SILEIDYS										
	49TH ST, #600	)				82 Street Add	lress (P.O. Box Number is Not	Acceptat	ole)		
	H FL 33012					83					
						84 City				85 Zi	p Code
									FL	03  2.	p Oodo
or registered	d agent, or both, ir	i the State of Fid	orida. Such	change was authoriz	ed by the o	ve-named corpo corporation's boa	oration submits this statement f and of directors. I hereby accept	or the pur the app	roose of char	nging its registered	egistered offici agent. I am
or registered familiar with SIGNATURE	d agent, or both, in and accept the c	i the State of Fix bligations of, Se name of registered ag	orida, Such ection 607.0 ent and tile if a	change was authoriz 0505, Florida Statutes	ed by the distance of the leading of	ove-named corporation's boa	ard of directors. I hereby accepted when reinstaling)	of the app	rpose of char ointment as r	egistered	l agent. I am
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SIGNATURE: 🗻

SIGNATURE AND TYPE BON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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