SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013217 (0)

ATLANTIC MEDICAL SUPPLY & SERVICES INC.

FILED Aug 13 1997 8:00am Secretary of State



Principal Place	at Dustana	Adabia - Astalana			₹ 		16 M M/M 31 M M M 111 15 1 11	
4550 11050 30		Mailing Address						
HIALEAH FL 3	3 STREET #29-B 3014	1085 WEST 76 STREET HIALEAH FL 33014	#29-B					
TWO CONTRACTOR	****	TRACEMITTE VOCTO				DO NOT WRITE	IN THIS SPACE	
						orated or Qualified	3a. Date of Las	st Report
					02/12/19			
— ·) · (~ · \	ace of Business	2a. Mailing Address	SW 13	A ALE	4. FEI Number	064023	59 H	Applied For
21 3400 Sulte, Apt. 4	······································	26 3400 Suite, Apt. #, etc.	300 19	10 1100	(C)	00 1020		Not Applicable
22	7, BIC.	27			5. Certificate of	of Status Desired	1 1	5 Additional Required
City & State		City & State		·	6 Election Car	mpaign Financing		00 May Be
23 MIF	mi, r	28 MIAMI,	PL		Trust Fund (ed to Fees
Zip, -2,	Country AD	Zip 33175	Country	100	8. This corpora	ation owes or has pai	d the current year	
24 001	13 25 110		30 DA	DE		operty Tax due June		X No
	9. Name and Address of Current I	Registered Agent			10. Name and	Address of New Reg	listered Agent	
	DRIGUEZ, ABEL		81 1	ane Da	Deigu	EZ, ABE	الم	
	5 WEST 76 STREET #29-B		82 S	treet Addre	ss (P.O. Box Num	ber is Not Acceptabl	e)	
HIA	LEAH FL 33014			3400) SW	30 ave		
			83					
			84 0	City			85 2	ip Code
				\mathbf{m}				<u> クラレノン</u>
office or re	o the provisions of Sections 607.0502 a egistered agent, or both, in the State of	Florida, Such change was	authorized by the	amed corpo e corporatio	bration submits thi on's board of direc	is statement for the pu ctors. I hereby accept	urpose of changing the special transfer of the change of t	g its registered as registered
agent. I an	n familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Statutes.					3
SIGNATURE .			were the same of					
	Signature, typed or printed name of registered agent.		1) Frag sterod Agent s	ignature requires		CHANGES TO DESIGN	DATE	ODC IN 10
12.	Signature, typed or printed name of registered apent. OFFICERS AND	DIRECTORS	13.	ignature requires		CHANGES TO OFFICE	ERS AND DIRECT	
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information indicated on this annual report or supplomental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ham 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 attrictment with an address.