

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.)

FILED
Aug 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000013217 (0)
1. Corporation Name
ATLANTIC MEDICAL SUPPLY & SERVICES INC.



Principal Place of Business 1085 WEST 76 STREET #29-B HIALEAH FL 33014	Mailing Address 1085 WEST 76 STREET #29-B HIALEAH FL 33014
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1996		3a. Date of Last Report	
2. Principal Place of Business 21 3400 SW 130 AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 3400 SW 130 AVE Suite, Apt. #, etc. 27	
23 City & State MIAMI, FL 24 Zip 33175 25 Country DADE		28 City & State MIAMI, FL 29 Zip 33175 30 Country DADE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

RODRIGUEZ, ABEL
1085 WEST 76 STREET #29-B
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name	RODRIGUEZ, ABEL
82 Street Address (P.O. Box Number is Not Acceptable)	3400 SW 130 AVE
83	
84 City	MIAMI
85 Zip Code	FL 33175

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	RODRIGUEZ, ABELARDO	1.2 NAME	RODRIGUEZ, ABEL
STREET ADDRESS	1085 WEST 76 STREET #29-B	1.3 STREET ADDRESS	3400 SW 130 AVE
CITY-ST-ZIP	HIALEAH FL 33014	1.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)