

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90037 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000013217** *or*

1. Corporation Name

**ATLANTIC MEDICAL SUPPLY & SERVICES, INC.**

Principal Place of Business

Mailing Address

**9030 Old Cutler Road  
Coral Gables, Florida 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
- Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Abel Rodriguez  
9030 Old Cutler Road  
Coral Gables, Florida 33156**

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 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	<b>President + Director</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>Abelardo Rodriguez</b>	12 NAME	
STREET ADDRESS	<b>9030 Old Cutler Rd.</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>Coral Gables, FL 33156</b> <input type="checkbox"/> DELETE	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I 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 officer 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/13/99**  
Date

**(305) 678-0390**  
Daytime Phone #