

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.)

APPROVED  
AND  
FILED

97 AUG -6 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013577 (7)

1. Corporation Name  
EDCO MEDICAL SUPPLY, INC.

Principal Place of Business

9370 SUNSET DRIVE  
SUITE A280  
MIAMI FL 33173

Mailing Address

9370 SUNSET DRIVE  
SUITE A280  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/13/1996		02/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		650642367		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		33184		30	
Country		Country		USA		31	

9. Name and Address of Current Registered Agent

GARCIA, MARTHA L  
12880 SW 53RD STREET  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81	Name	Concepcion Lopez	
82	Street Address (Box Number is Not Acceptable)	8311 SW 142 AVE # I110	
83			
84	City	miami	FL
85	Zip Code	33183	

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 *Concepcion Lopez*

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
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