Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90161 015 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013577

1. Corporation Name

EDCO M	EDICAL SUPPLY, INC.				
Principal Place	e of Business	Mailing Address		4 (BDISDO IIM 16114 GITSI ABUST BRITT EBSU S	### 11#### \$11#1 #1311 10#31 10#1 10#1
9370 SUNSET D	DRIVE	8311 S.W. 142 AVENUE			
SUITE #A-107		SUITE I-110		DO NOT INDITE IN 3	LUE EDAGE
MIAMI FL 33173	1	MIAMI FL 33184		DO NOT WRITE IN 3 3. Date Incorporated or Qualifed	HIS SPACE
US				1 3	
- D: - ID	1 CDin	a Mailing Address		02/13/1996 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address 26 9370 SUNS	al Dana	65-0642367	Not Applicable
Suite, Apt.	# oto	26 95 10 50 05 Suite, Apt. #, etc.	EX PLIVE	 	\$8.75 Additional
	#, etc.		07	5. Certificate of Status Desired	Fee Required
City & Stat		City & State	<u> </u>	6. Elect on Campaign Financing	\$5.00 May Be
23		28 MIAMI C	1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country C	8. This corporation owes the current year	r Intangible
24	25	29 33173 B	36 / 3	Personal Property Tax.	∐ Yes KaNo
	g Name and Acdress of Curi			10. Name and Address of New Registe	ed Agent
	EZ, CONCEPCION		81 Name	DOEZ CONCEPCION)
8311 S.W. 142 AVE., #I-110				ess (P.O. Box Number is Not Acceptable)	1110 A117
MIAMI FL 33183			83 937	1257	UIE HU
			**		
			84 City MA	V(111)	FL 85 Zip Code 73
11. Purst ant	to the provisions of Sections 607.0	5(2 and 607,1508, Florida Sta utes	, the above-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered
agent. I a	m familiar with, and accept the obli	getions of, Section 607.0505, Florid	la Statutes.	Sills board of directors . Horoby bytespt in a	
SIGNATURE					
	Signature, typed or printed i ame of registered :		egistered Agent signature re juire		
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER:	Change Addition
TITLE	DSP	□ DELETE	1.1 TITLE		
NAME	LOPEZ, CONCEPCION	440	1.2 NAME		
STREET ADDF ESS	8311 S.W. 142 AVENUE, #I-	110	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Cliaride ☐ Videndul
NAME			2.2 NAME		
STREET ADDF ESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		C perete	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE		
NAME			32 NAME		
STREET ADDF ESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Countries Countries
NAME					Į
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		□ Derese	6.2 NAME		
NAME			1		
STREET ADDRESS	1		6.3 STREET ADDRESS		ì

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 signa ure 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 changes, or on an attachment with an address, with all other like empowered

64 CITY-ST-ZIP

SIGNATURE:

Date

Daytime Phone #