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Jan 31 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 # P96000015225 (1)

1. Corporation Name
PHYSICIAN DIRECT SALES, INC.



Principal Place of Business
36326 U.S. 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36326 U.S. 19 NORTH
PALM HARBOR FL 34684-1328

3. Date Incorporated or Qualified
02/14/1996

3a. Date of Last Report

2. Principal Place of Business
21 4757 WRENTHAM PLACE
Suite, Apt. #, etc.

2a. Mailing Address
26 4757 WRENTHAM PLACE
Suite, Apt. #, etc.

4. FEI Number
59-3369379

Applied For
Not Applicable

22 City & State
23 PALM HARBOR, FL

27 City & State
28 PALM HARBOR

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 34685 25 USA

29 34685 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SINERO, JOSEPH JR.
36326 U.S. 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
JOSEPH SINERO JR

82 Street Address (P.O. Box Number is Not Acceptable)
4757 WRENTHAM PLACE

83

84 City
Palm Harbor FL 85 Zip Code
34685

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: *Joseph Sinero Jr* DATE: 1-5-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	SINERO, JOSEPH JR.	36326 U.S. 19 NORTH	PALM HARBOR FL 34684	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	SINERO, JOSEPH JR	4757 WRENTHAM PLACE	PALM HARBOR, FLORIDA 34685	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Joseph Sinero Jr* DATE: 1-5-97 DAYTIME PHONE: 813 942-0166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)