

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

FILED

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* DATE: 1-5-97

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SINERO, JOSEPH JR	
1.3 STREET ADDRESS	4757 WRENTHAM PLACE	
1.4 CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

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

CR2E034 (9/96)