

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000027406 (3)**

1. Corporation Name  
**MEDICAL STORE I.V., INC.**

Principal Place of Business  
**490 NORTH STREET. #124  
LONGWOOD FL 32750**

Mailing Address  
**490 NORTH STREET. #124  
LONGWOOD FL 32750**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>03/22/1996</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>59-3369793</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	Country	<b>28</b> Zip	Country	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ROY, DAVID R.P.A.  
4201 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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

**OFFICERS AND DIRECTORS**

<b>12.</b>	<input type="checkbox"/> DELETE
TITLE	<b>PTD</b>
NAME	<b>ROY, WILFRED J III</b>
STREET ADDRESS	<b>450 GOLF BROOK LANE, #204</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPSD</b>
STREET ADDRESS	<b>SHEPHERD, JOSEPH C</b>
CITY-ST-ZIP	<b>114 WINDTREE LANE</b>
	<b>WINTER GARDEN FL 34787</b>
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	

<b>13.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>PTD</b>
NAME	<b>ROY, WILFRED J. III</b>
STREET ADDRESS	<b>429 BAYTREE LANE</b>
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPSD</b>
STREET ADDRESS	<b>SHEPHERD, JOSEPH C</b>
CITY-ST-ZIP	<b>1272 S. HIAWASSEE RD, # 139</b>
	<b>ORLANDO, FL 32835</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 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 C. SHEPHERD** FEB 5 '98 (407) 831-7331

CR2E034 (1097)