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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000030465 (4)**

1. Corporation Name
REYCO MEDICAL SERVICE, INC.

Principal Place of Business	Mailing Address
1840 WEST 49 STREET SUITE 220-7 HIALEAH FL 33012	1840 WEST 49 STREET SUITE 220-7 HIALEAH FL 33012-2939

3. Date Incorporated or Qualified: 04/08/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 **REYCO Medical Services Inc.**	26 **REYCO Medical Services Inc.**
Street Address: **1840 W. 49 ST.,Suite 220-1B**	Suite, Apt. Room: **1840 W. 49 ST.,Suite 220-1B**
22 **Hialeah, FL. 33012**	27 **Hialeah, FL. 33012**
City & State: **(305) 231-0095**	City & State: **(305) 231-0095**
23	28
Zip / 24 / Country / 25	Zip / 29 / Country / 30

4. FEI Number: 65-0655682 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
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	10. Name and Address of New Registered Agent
PEREZ, RAMON 1840 WEST 49 STREET SUITE 220-7 HIALEAH FL 33012	81 Name: Ramon Perez 82 Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49 ST.,Suite 220-1B 83 Hialeah, FL. 33012 84 City: (305) 231-0095 FL 85 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: Ramon Perez Ramon Perez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, RAMON 1840 WEST 49 STREET STE 220-7 HIALEAH FL 33012	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Ramon Perez / Director C/O: REYCO Medical Services Inc. 1840 W. 49 ST.,Suite 220-1B Hialeah, FL. 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS PEREZ, RAMON 1840 WEST 49 STREET STE 220-7 HIALEAH FL 33012	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Ramon Perez / President C/O: REYCO Medical Services Inc. 1840 W. 49 ST.,Suite 220-1B Hialeah, FL. 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 attached sheet with an address.

SIGNATURE: Ramon Perez Director 4/9/97 (305) 231-0095