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

**PROFIT** CORPORATION **ANNUAL REPORT** 



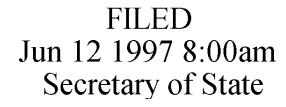
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034832 (1)

ANEXO MEDICAL SUPPLY, INC.





Principal Place	e or pusitiess	Malling Address					
80 E. 61 ST. HIALEAH FL 33013		80 E. 61 ST. Hialeah Fl 33013-1023					
					3. Date incorporated or Qualified 04/18/1996	3a. Date of L	ast Report
2. Principal Place of Business 2a. Mailing Address			4 4		4. EEI Number	1 T -	Applied For
21 26 1		26 1535 NW	1535 NW 60 AUE		65.0686972		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		-	
22		27 SUITE 14		Fee Required			
City & State		City & State  28 Miami Lakes, FL		Election Campaign Financing     Trust Fund Contribution	sing \$5.00 May Be Added to Fees		
Zip	Country	28 MIAWILAK	Countr	<b>-س</b> را ا			
24	25		30 C	KA	8. This corporation has liability for in Florida Statutes	ltangible tax un IYes □ No	der s. 199.032,
	9, Name and Address of Currer		301	[ <u>11.</u> ]	10. Name and Address of New Reg		
DIEZ	, GEORGINA		61	Name			
80 E. 61 ST.			82	62 Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33013			02	or Sirect Address (n.o. box intillipor is not Accopiable)			
:			83				
			84	City		FL 85	Zip Code
SIGNATURE					poration submits this statement for the purion's board of directors. I heroby accep	Urpose of chang tithe appointme	ing its registered nt as registered
12.	Signature, typoid or printed name of registered agr OFFICERS AN		13.	ieni signature requ	red when remeating)  ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE			☐ Ch	
NAME	DIEZ, GEORGINA		1.2 NAME				
STREET ADDRESS	80 E. 61 ST.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33013		1.4 City-	S1-ZIP			
TITLE			21 THTLE			Ch	ange 🔲 Addition
NAME	MONTALVO, MARIA I		2 2 NAME				
STREET ADDRESS	80 E. 61 ST.		2 3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33013		2. 4 CITY - ST - ZIP				
TITLE	DELETE		3.1 1171 [			☐ Ch	ange L. Addition
NAME			3 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-7IP		□ Ch	ange Addition
TITLE			4.1 11TLE 4. 2 NAME			ال) ليا	ange [_] Noomon
NAME STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.3 SINEE	i			
TITLE		DELETE	51 TITLE			Ch	ange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			1	I ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	61 TITLE			Ch	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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 eath, 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

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