

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

FILED

Jan 29, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-29-1999 90011 047 \*\*\*\*\*150.00

DOCUMENT # P96000044335

1. Corporation Name  
FULL-MED SUPPLIES, INC.



Principal Place of Business: 10025 NW 116 WAY, SUITE 16 MIAMI FL 33178  
Mailing Address: 10025 NW 116 WAY, SUITE 16 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1996  
4. FEI Number: 65-0692785  
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
FALIC, NILY  
10025 NW 116 WAY, SUITE 16  
MIAMI FL 33178

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

| TITLE | NAME        | STREET ADDRESS             | CITY-ST-ZIP    | DELETE                   |
|-------|-------------|----------------------------|----------------|--------------------------|
| D     | FALIC, NILY | 10025 NW 116 WAY, SUITE 16 | MIAMI FL 33178 | <input type="checkbox"/> |
|       |             |                            |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: Jan 7, 1999 Daytime Phone # \_\_\_\_\_