

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # P96000047628 (8)

1. Corporation Name

GRACE MEDICAL SUPPLY COMPANY



Principal Place of Business

Mailing Address

5273 EAGLE LAKE DRIVE
PALM BEACH GARDENS FL 33418

5273 EAGLE LAKE DRIVE
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

65-0669531

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 4026 WAVERLY DR

27 4026 WAVERLY DR

23 City & State

27 City & State

23 WEST PALM BEACH

27 WEST PALM BEACH

24 Zip

Country

29 Zip

Country

24 FL

25 AA

29 33407

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, GRACE
5273 EAGLE LAKE DRIVE
PALM BEACH GARDENS FL 33418

81 Name

BROWN.

82 Street Address (P.O. Box Number is Not Acceptable)

4026 WAVERLY DRIVE

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33407

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BROWN, GRACE
STREET ADDRESS 5273 EAGLE LAKE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME MORRIS, ART
STREET ADDRESS 20061 NW 14TH AVENUE
CITY-ST-ZIP MIAMI FL 33169

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME MORRIS, GRACE
STREET ADDRESS 20061 NW 14TH AVENUE
CITY-ST-ZIP MIAMI FL 33169

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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:

GRACE

BROWN

4/13/98

561-842-1888

CF2E034 (10/97)