


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90046 022 \*\*\*150.00

| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>   |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |   |
|--|--|--|---|
| <b>DOCUMENT #</b> <span style="font-size: 1.2em;">P96000071850</span>  |  |  |   |
| <b>1. Corporation Name</b><br><span style="font-size: 1.2em;">JM Sales &amp; Marketing, Inc.,<br/>DBA Sunshine Medical Distributors</span>   |  |  |   |
| <b>Principal Place of Business</b><br><br>   |  | <b>Mailing Address</b><br><span style="font-size: 1.2em;">7203 41st Court East<br/>Sarasota FL 34243</span>  |   |
| <b>2. Principal Place of Business</b><br><b>21</b> <span style="font-size: 1.2em;">7203 41st Court E</span>  |  | <b>2a. Mailing Address</b><br><b>26</b> <span style="font-size: 1.2em;">7203 41st Court E</span>   |   |
| <b>Suite, Apt. #, etc.</b><br>   |  | <b>Suite, Apt. #, etc.</b><br>   |   |
| <b>22</b> <span style="font-size: 1.2em;">Sarasota, FL</span>  |  | <b>27</b> <span style="font-size: 1.2em;">Sarasota, FL</span>  |   |
| <b>City &amp; State</b><br>  |  | <b>City &amp; State</b><br>  |   |
| <b>23</b> <span style="font-size: 1.2em;">34243</span> <span style="font-size: 1.2em;">USA</span>  |  | <b>28</b> <span style="font-size: 1.2em;">34243</span> <span style="font-size: 1.2em;">USA</span>  |   |
| <b>Zip</b> <b>Country</b><br>  |  | <b>Zip</b> <b>Country</b><br>  |   |
| <b>9. Name and Address of Current Registered Agent</b>   |  |  |   |
| <span style="font-size: 1.2em;">Joe Muscatelli<br/>7203 41st Court E<br/>Sarasota FL 34243</span>  |  |  | <b>81</b> Name<br><b>82</b> Street Address<br><b>83</b><br><b>84</b> City |
| <b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b> |  |  |   |
| <b>SIGNATURE</b> <span style="font-size: 1.2em;">Joe Muscatelli</span>   |  | <b>SIGNATURE</b> <span style="font-size: 1.2em;">Joe Muscatelli</span>   |   |
| Signature, typed or printed name of registered agent and title if applicable   |  | (NOTE: Registered Agent signature required)  |   |
| <b>12. OFFICERS AND DIRECTORS</b>  |  |  |   |
| <b>TITLE</b> <span style="font-size: 1.2em;">President</span> <input type="checkbox"/> DELETE  |  | <b>13.</b>   |   |
| <b>NAME</b> <span style="font-size: 1.2em;">Joe Muscatelli</span>  |  | <b>1.1 TITLE</b>   |   |
| <b>STREET ADDRESS</b> <span style="font-size: 1.2em;">7203 41st Court E</span>   |  | <b>1.2 NAME</b>  |   |
| <b>CITY-ST-ZIP</b> <span style="font-size: 1.2em;">Sarasota FL 34243</span>  |  | <b>1.3 STREET ADDRESS</b>  |   |
| <b>TITLE</b> <input type="checkbox"/> DELETE   |  | <b>1.4 CITY-ST-ZIP</b>   |   |
| <b>NAME</b>  |  | <b>2.1 TITLE</b>   |   |
| <b>STREET ADDRESS</b>  |  | <b>2.2 NAME</b>  |   |
| <b>CITY-ST-ZIP</b>   |  | <b>2.3 STREET ADDRESS</b>  |   |
| <b>TITLE</b> <input type="checkbox"/> DELETE   |  | <b>2.4 CITY-ST-ZIP</b>   |   |
| <b>NAME</b>  |  | <b>3.1 TITLE</b>   |   |
| <b>STREET ADDRESS</b>  |  | <b>3.2 NAME</b>  |   |
| <b>CITY-ST-ZIP</b>   |  | <b>3.3 STREET ADDRESS</b>  |   |
| <b>TITLE</b> <input type="checkbox"/> DELETE   |  | <b>3.4 CITY-ST-ZIP</b>   |   |
| <b>NAME</b>  |  | <b>4.1 TITLE</b>   |   |
| <b>STREET ADDRESS</b>  |  | <b>4.2 NAME</b>  |   |
| <b>CITY-ST-ZIP</b>   |  | <b>4.3 STREET ADDRESS</b>  |   |
| <b>TITLE</b> <input type="checkbox"/> DELETE   |  | <b>4.4 CITY-ST-ZIP</b>   |   |
| <b>NAME</b>  |  | <b>5.1 TITLE</b>   |   |
| <b>STREET ADDRESS</b>  |  | <b>5.2 NAME</b>  |   |
| <b>CITY-ST-ZIP</b>   |  | <b>5.3 STREET ADDRESS</b>  |   |
| <b>TITLE</b> <input type="checkbox"/> DELETE   |  | <b>5.4 CITY-ST-ZIP</b>   |   |
| <b>NAME</b>  |  | <b>6.1 TITLE</b>   |   |
| <b>STREET ADDRESS</b>  |  | <b>6.2 NAME</b>  |   |
| <b>CITY-ST-ZIP</b>   |  | <b>6.3 STREET ADDRESS</b>  |   |
| <b>TITLE</b> <input type="checkbox"/> DELETE   |  | <b>6.4 CITY-ST-ZIP</b>   |   |
| <b>NAME</b>  |  |  |   |
| <b>STREET ADDRESS</b>  |  |  |   |
| <b>CITY-ST-ZIP</b>   |  |  |   |

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: Joe Muscatelli Joe Muscatelli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99 941-351-1838

CR2E034 (11/98)