

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90099 023 ***150.00

DOCUMENT # P96000082631

1. Corporation Name
MEDTECH SUPPLIER, INC.



Principal Place of Business
175 FOUNTAINEBLEAU BLVD.
SUITE IN4
MIAMI FL 33172
US

Mailing Address
175 FOUNTAINEBLEAU BLVD.
SUITE IN4
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1931 WEST 60 STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 4152 PINWOOD LANE
Suite, Apt. #, etc.

23 City & State
HALEAH, FLORIDA
24 Zip 33012 25 Country US

28 City & State
WESTON, FLORIDA
29 Zip 33331 30 Country US

3. Date Incorporated or Qualified
10/07/1996

4. FEI Number
65-0699580
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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANTOAN, AGNALDO
175 FOUNTAINEBLEAU BLVD.
SUITE IN4
MIAMI FL 33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MANTOAN, AGNALDO
STREET ADDRESS 175 FOUNTAINEBLEAU BLVD. #IN4
CITY-ST-ZIP MIAMI FL 33172

TITLE VP ☐ DELETE
NAME MANTOAN, RUTE P
STREET ADDRESS 175 FOUNTAINEBLEAU BLVD. #IN4
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME MANTOAN, AGNALDO
1.3 STREET ADDRESS 4152 PINWOOD LANE
1.4 CITY-ST-ZIP WESTON, FLORIDA 33331

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME MANTOAN, RUTE P.
2.3 STREET ADDRESS 4152 PINWOOD LANE
2.4 CITY-ST-ZIP WESTON, FLORIDA 33331

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: AGNALDO MANTOAN APR 02 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)385-1724

CR2E034 (11/98)

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