

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000085876 (6)

1. Corporation Name
MEDICAL SUPPLY LABS, INC.



Principal Place of Business
3704 NW 16TH STREET
33311 LAUDERDALE FL 33309
US

Mailing Address
3704 NW 16TH STREET
FT. LAUDERDALE FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

65-0700134

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

21 3734 W. Oakland Pk Blvd

Suite, Apt. #, etc.

22 City & State
Lauderdale Lakes, FL

23 Zip
33311

Country

2a. Mailing Address

26 3734 W. Oakland Pk. Blvd.

Suite, Apt. #, etc.

27 City & State
Lauderdale Lakes, FL

28 Zip
33311

Country

9. Name and Address of Current Registered Agent

LEVY, JEFF
640 TENNIS CLUB DRIVE, #103
FT. LAUDERDALE FL 33311

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 EWART, JOSEPH F.
STREET ADDRESS 3704 NW 16TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD ☒ DELETE

NAME EWART, JOSEPH F
STREET ADDRESS 1800 NORTHWEST 49 STREET, SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE T ☒ DELETE

NAME HATFIELD, GERALD M.
STREET ADDRESS 3704 NW 16TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S ☒ DELETE

NAME BATTERBURY, JAMES
STREET ADDRESS 3704 NW 16TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

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 Eric Thomas / President ☐ Change ☒ Addition

1.2 NAME 3734 W Oakland Pk Blvd.
1.3 STREET ADDRESS Lauderdale Lakes, FL
1.4 CITY-ST-ZIP 33311

2.1 TITLE Elaine Ward / VP ☐ Change ☒ Addition

2.2 NAME 3734 W Oakland Pk Blvd.
2.3 STREET ADDRESS Lauderdale, Lakes FL
2.4 CITY-ST-ZIP 33311

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.

SIGNATURE

SIGNATURE

072268

98072947

CR2E034 (5/98)