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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088255 (0)

ATA MEDICAL SUPPLY, INC.

FILED May 13 1998 8:00am Secretary of State



					<u> </u>	M
Principal Place of Business Mailing Address					s contrant tin tatte ferte bater dettt dettt bater	ialat tatta tiaat ahan 2111 1881
129 ALDER AVENUE 129 ALDER AVENUE						
ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					10/23/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-3387914	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22 27 City & State City & State						Fee Required
		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7ip	Countr		Trust Fund Contribution	Added to Fees
24	25			y	8. This corporation owes or has paid the	current year Intangible Ses Done
24	9. Name and Address of Curi		30		Personal Property Tax due June 30. 10. Name and Address of New Registers	
710	ETO, EVA A		81	Name	IV. Italia and Addition of Italia	70 Aguill
	9 ALDER AVENUE					
	TAMONTE SPRINGS FL 32714		82	Street Add	lress (P.O. Box Number is Not Acceptable)	
ALIAMONIE OFFINOS FL SELIS			83			
			_			
			84	City	· F	85 Zip Code
SIGNATURE	Signature, typed or printing wither of registered	Agent and lifte if applicable (NOTE	Registered Ag		poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP TOETO EVA A	☐ DELETE	1.1 TITLE			Change Addition
NAME	TRETO, EVA A 129 ALDER AVENUE		1.2 NAME			
STREET ADDRESS	ALTAMONTE SPRINGS FL	20714		T ADDRESS		
CITY-ST-ZIP TITLE	ALIAMONTE OFFINGS TE			ST- ZIP		☐ Change ☐ Addition
NAME .			2.1 TITLE 2.2 NAME			Change L Addition
STREET ADDRESS			2.2 NOWE	I ADODCCC		
CITY-ST-ZIP			2 4 CITY-			
TITLE		DELETE	3 1 TITLE	31-211		Change Addition
NAME		- · · ·	32 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
City-St-Zip			3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9	1		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY+ST+ZIP			5.4 CITY-S	T- ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	IT-ZIP		

14. Thereby 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 suppliently that it is into any 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 preciver or trusted 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 a printed timent with Jin address?