

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

Aug 26 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 # P97000032610 (2)

1. Corporation Name
STERLING MEDICAL SUPPLY CORPORATION



Principal Place of Business

3501 N. KEYSER, #11
HOLLYWOOD FL 33021

Mailing Address

3501 N. KEYSER, #11
HOLLYWOOD FL 33021

5650 STIRLING RD.
HOLLYWOOD FL 33021

5650 STIRLING RD
HOLLYWOOD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5650 STIRLING RD
Suite, Apt. #, etc.

2a. Mailing Address

26 5650 STIRLING RD
Suite, Apt. #, etc.

22 City & State
23 HOLLYWOOD FL

27 City & State
28 HOLLYWOOD FL

24 Zip 33021

29 Zip 33021

25 Country

30 Country

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0743127

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

9. Name and Address of Current Registered Agent

GOTTLIEB, IRWIN
3501 N. KEYSER, #11
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name IRWIN GOTTLIEB
82 Street Address (P.O. Box Number is Not Acceptable)
5650 STIRLING RD
83
84 City HOLLYWOOD FL 85 Zip Code 33021

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

7/2/98

12. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS GOTTLIEB, IRWIN
CITY-ST-ZIP 3501 N. KEYSER, #11
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary
1.2 NAME FRANCINE GOTTLIEB
1.3 STREET ADDRESS 3501 Keyser Ave #11
1.4 CITY-ST-ZIP HOLLYWOOD FL 33021

2.1 TITLE V. Pres.
2.2 NAME Wendy Finkelstein
2.3 STREET ADDRESS 5801 SW 37 Ave
2.4 CITY-ST-ZIP FT LAUD FL 33312

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

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

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

6.1 TITLE
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)(l), 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

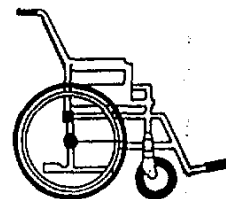
Signature of Registered Agent

7/2/98 (974) 893 1712

CR2E034 (5/98)



Sterling Pharmacy and Medical Supply



(2)

TO WHOM IT MAY CONCERN,

Pursuant to my call to your office I wish to confirm that I did not receive notice to file annual report in timely manner, therefore enclosed a \$150.00 payment and ask that any late fee be waived.

Very truly yours,

Irwin Gottlieb

5650 Stirling Road • Hollywood, Florida 33021

(954) 893-1717 • Fax (954) 893-1715

1-888-1777

TOLL FREE 1-(888) 893-1777