FILED
Feb 23 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 # P97000049463

1. Corporation Name
CENTURY MEDICAL & NUTRITIONAL SUPPLIES, INC.

[redacted]

Principal Place of Business	Mailing Address
3500 MYSTIC POINTE DR SUITE 3502 AVENTURA FL 33180	3500 MYSTIC POINTE DR SUITE 3502 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JUNE 2 1997

2. Principal Place of Business	2a. Mailing Address
21 2140 NE 207 ST	26 2140 NE 207 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 N MIAMI BEACH FL	City & State 28 N MIAMI BEACH FL
Zip 24 33179 Country 25 DADE	Zip 29 33179 Country 30 DADE

4. FEI Number: 65-0754871 ☐ 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	10. Name and Address of New Registered Agent
KALICHMAN, SHLOMIT 3500 MYSTIC POINTE DR AVENTURA FL 33180	81 Name: LIFSHITS, ELIZABETH 82 Street Address (P.O. Box Number is Not Acceptable): 2140 NE 207 STREET 83 84 City: N MIAMI BEACH FL 85 Zip Code: 33179

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 ELIZABETH LIFSHITS [signature] DATE 2-12-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P S T D ☒ Change ☐ Addition
NAME	LIFSHITS, ELIZABETH	1.2 NAME	LIFSHITS, ELIZABETH
STREET ADDRESS	101 BRIGHTWATER COURT	1.3 STREET ADDRESS	2140 NE 207 STREET
CITY-ST-ZIP	BROOKLYN NY 11235	1.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KALICHMAN, SHLOMIT	2.2 NAME	
STREET ADDRESS	3500 MYSTIC POINTE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[signature] 2/23

000002438580
-02/24/98--01009--015
***150.00

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: ELIZABETH LIFSHITS [signature] PRES 2/12/98 305 6820735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163788

CR2E034 (10/97)