

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101651 (2)

1. Corporation Name
JMD MEDICAL & SURGICAL SUPPLIES CORP.



Principal Place of Business P O BOX 3454 UNION NJ 07083	Mailing Address P O BOX 3454 UNION NJ 07083
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 FLORIDA	26	22 2614 N 9 ST. STE 214		12/01/1997	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
23 MAPLES, FL		27		58-2359501	
City & State		City & State		Applied For	
24 34103		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
25 USA		29		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
30		30		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SHARMA, HIMANSHU
2614 N 9 STREET STE 214
NAPLES FL 34103

10. Name and Address of New Registered Agent (No Assets)

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: **N/A** (NO CHANGE) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HIMANSHU SHARMA	
STREET ADDRESS	403 PRESCOTT RD.	
CITY-ST-ZIP	UNION, NJ 07083	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	HARSH SHARMA, MD	
STREET ADDRESS	2614 N. 9 ST. STE. 214	
CITY-ST-ZIP	MAPLES, FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIMANSHU SHARMA	
1.3 STREET ADDRESS	403 PRESCOTT RD	
1.4 CITY-ST-ZIP	UNION, NJ 07083	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARSH SHARMA	
2.3 STREET ADDRESS	2614 N. 9 ST. STE 214	
2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34103	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **3-9-98 (908) 810-0090**

CR2E034 (10/97)