


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90018 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF REVENUE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000012443 1. Corporation Name DEPENDABLE MEDICAL SUPPLY OUTLET, INC.			
Principal Place of Business 7820 PETERS ROAD #E-103 PLANTATION FL 33324		Mailing Address 7820 PETERS ROAD #E-103 PLANTATION FL 33324	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 10056 NW 53 ST Suite, Apt. #, etc. 22 City & State 23 SUNRISE FL Zip Country 24 33351 25 Barbados		2a. Mailing Address 26 1041 NW 125 AVE Suite, Apt. #, etc. 27 City & State 28 SUNRISE FL Zip Country 29 33323 30 Barbados	
3. Date Incorporated or Qualified 02/06/1998		4. FEI Number 65-0816784	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent BAUMAN, DAVID M 7820 PETERS ROAD #E-103 PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name DAVID TACHER 82 Street Address (P.O. Box Number is Not Acceptable) 1041 NW 125 AVE 83 84 City SUNRISE FL 85 Zip Code 33323	
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 David Tacher (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSKIN, JOSHUA 10096 NW 53RD STREET SUNRISE FL 33351	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLES, MICHAEL F 10096 NW 53RD STREET SUNRISE FL 33351	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

(954) 766-6600

Date

Daytime Phone #

CR2E034 (11/98)