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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000031086**

1. Corporation Name
S. FLORIDA MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
6346-65 LANTANA RD., SUITE 77 LAKE WORTH FL 33463	6346-65 LANTANA RD., SUITE 77 LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5130 Linton Blvd Suite, Apt. #, etc. 22 Suite B-3 City & State 23 Delray Beach, Fl Zip 24 33484 Country 25 USA	2a. Mailing Address 26 5130 Linton Blvd Suite, Apt. #, etc. 27 Suite B-3 City & State 28 Delray Beach, Fl Zip 29 33484 Country 30 USA	3. Date Incorporated or Qualifed 04/02/1998 4. FEI Number 65-0527528 ☐ Applied For ☐ Not Applicable 5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAGE, DONALD
6346-65 LANTANA RD., SUITE 77
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Page, Donald
82 Street Address (P.O. Box Number is Not Acceptable): 5130 Linton Blvd, St B-3
83
84 City: Delray Beach FL 85 Zip Code: 33484

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 _____ DATE
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	Page, Donald	☐ Change ☐ Addition
NAME	PAGE, DONALD		1.2 NAME		
STREET ADDRESS	6346-65 LANTANA RD., SUITE 77		1.3 STREET ADDRESS	5130 Linton Blvd, St. B-3	
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY-ST-ZIP	Delray Beach, Fl 33484	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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 Page 4/16/99 561-637-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #