**NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT
ORPORATION
NNUAL REPORT
**1999**

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

AMENDED
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 9:58

DOCUMENT # P98000031086

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

| Principal Place of Business | Mailing Address |
|---|---|
| 5130 Linton Blvd.<br>Suite B-3<br>DELRAY BEACH, FL<br>33484 | 5130 Linton Blvd.<br>Suite B-3<br>Delray Beach 33484 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1998

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

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
6346-15 Lantana Rd. Suite 77
Lake WORTH, FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D, P, T<br>PAGE, DONALD<br>6346-15 Lantana Rd Suite 77<br>Lake WORTH, FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>900003027339--6<br>-10/28/99--01003--012 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D, V, S<br>JCLUSO, JAMES<br>5130 Linton Blvd. # B-3<br>Delray Beach, FL 33484 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | *****61.25 ☐ Change ☐ Addition *****61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>PATEL, Bhupendra<br>5130 Linton Blvd #B-3<br>Delray Beach, FL 33484 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Chabria, Bansi<br>5130 Linton Blvd #B-3<br>Delray Beach, FL 33484 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>10/26 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst. S<br>Fred Weinstein<br>1963 S. Congress Ave # 310<br>Boynton Beach FL 33426 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/98)

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:** Fred Weinstein, Asst. Secty. 10/18/99 561-736-4601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Fred Weinstein