

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

APPROVED  
AND  
FILED

99 DEC 16 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061268  
1. Corporation Name  
American International Medical Supplies, INC.

Principal Place of Business Mailing Address  
P.O. Box 20647  
Tallahassee FL 32316

DO NOT WRITE IN THIS SPACE

|                                |                         |   |  |  |  |
|--------------------------------|-------------------------|---|--|--|--|
| 2. Principal Place of Business |                         | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br>7-10-98   |  |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number   |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$8.75 Additional Fee Required   |  |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |  |
| 24. Country                    | 29. Country             | 8. This corporation owes the current year intangible Personal Property Tax.     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |  |

9. Name and Address of Current Registered Agent  
Sharath C. Mally  
1427 Live Oak Dr  
Tallahassee FL 32301

|  |              |
|--|--------------|
| 10. Name and Address of New Registered Agent           |              |
| 81. Name   |              |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   | 85. Zip Code |
| FL   |              |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| 1. NAME                    | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          |                                 | 1.2 NAME  |   |
| 3. CITY-ST-ZIP             |                                 | 1.3 STREET ADDRESS                                    |   |
| 4. TITLE                   | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       |   |
| 5. NAME                    |                                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. STREET ADDRESS          |                                 | 2.2 NAME  |   |
| 7. CITY-ST-ZIP             |                                 | 2.3 STREET ADDRESS                                    |   |
| 8. TITLE                   | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP                                       |   |
| 9. NAME                    |                                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. STREET ADDRESS         |                                 | 3.2 NAME  |   |
| 11. CITY-ST-ZIP            |                                 | 3.3 STREET ADDRESS                                    |   |
| 12. TITLE                  | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP                                       |   |
| 13. NAME                   |                                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS         |                                 | 4.2 NAME  |   |
| 15. CITY-ST-ZIP            |                                 | 4.3 STREET ADDRESS                                    |   |
| 16. TITLE                  | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP                                       |   |
| 17. NAME                   |                                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. STREET ADDRESS         |                                 | 5.2 NAME  |   |
| 19. CITY-ST-ZIP            |                                 | 5.3 STREET ADDRESS                                    |   |
| 20. TITLE                  | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP                                       |   |
| 21. NAME                   |                                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. STREET ADDRESS         |                                 | 6.2 NAME  |   |
| 23. CITY-ST-ZIP            |                                 | 6.3 STREET ADDRESS                                    |   |
| 24. TITLE                  | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP                                       |   |
| 25. NAME                   |                                 |   |   |
| 26. STREET ADDRESS         |                                 |   |   |
| 27. CITY-ST-ZIP            |                                 |   |   |
| 28. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 29. NAME                   |                                 |   |   |
| 30. STREET ADDRESS         |                                 |   |   |
| 31. CITY-ST-ZIP            |                                 |   |   |
| 32. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 33. NAME                   |                                 |   |   |
| 34. STREET ADDRESS         |                                 |   |   |
| 35. CITY-ST-ZIP            |                                 |   |   |
| 36. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 37. NAME                   |                                 |   |   |
| 38. STREET ADDRESS         |                                 |   |   |
| 39. CITY-ST-ZIP            |                                 |   |   |
| 40. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 41. NAME                   |                                 |   |   |
| 42. STREET ADDRESS         |                                 |   |   |
| 43. CITY-ST-ZIP            |                                 |   |   |
| 44. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 45. NAME                   |                                 |   |   |
| 46. STREET ADDRESS         |                                 |   |   |
| 47. CITY-ST-ZIP            |                                 |   |   |
| 48. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 49. NAME                   |                                 |   |   |
| 50. STREET ADDRESS         |                                 |   |   |
| 51. CITY-ST-ZIP            |                                 |   |   |
| 52. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 53. NAME                   |                                 |   |   |
| 54. STREET ADDRESS         |                                 |   |   |
| 55. CITY-ST-ZIP            |                                 |   |   |
| 56. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 57. NAME                   |                                 |   |   |
| 58. STREET ADDRESS         |                                 |   |   |
| 59. CITY-ST-ZIP            |                                 |   |   |
| 60. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 61. NAME                   |                                 |   |   |
| 62. STREET ADDRESS         |                                 |   |   |
| 63. CITY-ST-ZIP            |                                 |   |   |
| 64. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 65. NAME                   |                                 |   |   |
| 66. STREET ADDRESS         |                                 |   |   |
| 67. CITY-ST-ZIP            |                                 |   |   |
| 68. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 69. NAME                   |                                 |   |   |
| 70. STREET ADDRESS         |                                 |   |   |
| 71. CITY-ST-ZIP            |                                 |   |   |
| 72. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 73. NAME                   |                                 |   |   |
| 74. STREET ADDRESS         |                                 |   |   |
| 75. CITY-ST-ZIP            |                                 |   |   |
| 76. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 77. NAME                   |                                 |   |   |
| 78. STREET ADDRESS         |                                 |   |   |
| 79. CITY-ST-ZIP            |                                 |   |   |
| 80. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 81. NAME                   |                                 |   |   |
| 82. STREET ADDRESS         |                                 |   |   |
| 83. CITY-ST-ZIP            |                                 |   |   |
| 84. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 85. NAME                   |                                 |   |   |
| 86. STREET ADDRESS         |                                 |   |   |
| 87. CITY-ST-ZIP            |                                 |   |   |
| 88. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 89. NAME                   |                                 |   |   |
| 90. STREET ADDRESS         |                                 |   |   |
| 91. CITY-ST-ZIP            |                                 |   |   |
| 92. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 93. NAME                   |                                 |   |   |
| 94. STREET ADDRESS         |                                 |   |   |
| 95. CITY-ST-ZIP            |                                 |   |   |
| 96. TITLE                  | <input type="checkbox"/> DELETE |   |   |
| 97. NAME                   |                                 |   |   |
| 98. STREET ADDRESS         |                                 |   |   |
| 99. CITY-ST-ZIP            |                                 |   |   |
| 100. TITLE                 | <input type="checkbox"/> DELETE |   |   |

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: Sharath C. Mally  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-99  
Date Daytime Phone #

CR2E034 (1/1/98)

I SHARATH . C. MALLU ①  
did not receive ANY  
inform regarding  
CORP Annual Report:

shwath.c.mallu