FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S01644** **(1)**

1. Corporation Name

ADVANCED MEDICAL & PHARMACEUTICAL SUPPLIERS, INC

Principal Place of Business	Mailing Address
7 SUNSHINE ROAD ORMOND BEACH FL 32174	7 SUNSHINE ROAD ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21: 7 Sunshine Blvd
2a. Mailing Address — 26: 7 Sunshine Blvd
22 / 27: Suite, Apt. #, etc.
23 / 28: City & State
24 / 29: Zip
25 / 30: Country

4. FEI Number: 59-3029315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KOREY, ROBERT KIT, ESQ.
595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH FL 32174

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	P	1.1 TITLE	☑ Change ☐ Addition
NAME	SHEDD, CHERYL E	1.2 NAME	
STREET ADDRESS	1 SHEDD LN	1.3 STREET ADDRESS	Delete - no longer an
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	officer of the company
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	PONIATOWSKI, MIKE	2.2 NAME	President, Secretary,
STREET ADDRESS	2281 TOMOKA FARMS RD	2.3 STREET ADDRESS	and Treasurer
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	3.1 TITLE	☐ Change ☑ Addition
NAME	TROY C. WILLRICH	3.2 NAME	
STREET ADDRESS	2289 OLD STANSHUL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	4.1 TITLE	☐ Change ☑ Addition
NAME	JULIO ONESTO	4.2 NAME	
STREET ADDRESS	27 PALMETTO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Michael R. Poniatowski 4/2/95 904 677 0755
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael R. Poniatowski, President

001186 CP