FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
ADVANCED MEDICAL & PHARMACEUTICAL SUPPLIERS, INC

Principal Place of Business
7 SUNSHINE BLVD.
ORMOND BEACH FL 32174
US

Mailing Address
7 SUNSHINE BLVD.
ORMOND BEACH FL 32174
US

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. This 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: WALLACE, DANIEL S., [redacted].
82 Street Address (P.O. Box Number is Not Acceptable): 431 NORTH GRANDVIEW
83
84 City: DAYTONA BEACH FL 85 Zip Code: 32118

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: Daniel S. Wallace — 5/8/96
Signature, typed or printed name of registered agent or title of agent with — NOTE: Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	PONIATOWSKI, MIKE	
STREET ADDRESS	2281 TOMOKA FARMS RD	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	V	☐ DELETE
NAME	WILLRICK, TROY C	
STREET ADDRESS	2289 OLD SAMSULD DR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	V	☐ DELETE
NAME	ONESTO, JULIO	
STREET ADDRESS	27 PALMETTO DR.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, TREASURER	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT, SECRETARY	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
3.2 NAME	ONESTO, JULIA	
3.3 STREET ADDRESS	1570 RIVERSIDE DR.	
3.4 CITY-ST-ZIP	HOLLY HILL, FL 32117	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	200001847512	☐ Change ☐ Addition
6.2 NAME	-06/03/96--01028--022	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), Florida Statutes. I hereby 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 is entered in Block 13 with an address.

SIGNATURE: M.R. Poniatowski — M.R. PONIATOWSKI — 4-22-96 — 904-677-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #