

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S35779 (5)

1. Corporation Name  
K.S.R. MEDICAL SUPPLIES, INC.



Principal Place of Business

20400 WEST COUNTRY CLUB DRIVE  
SUITE 215  
NORTH MIAMI BEACH FL 33180

Mailing Address

P.O. BOX 800509  
NORTH MIAMI FL 33280-0509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1991

4. FEI Number

65-0247756

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 124113 124113 YANLEY DR.  
Suite, Apt. #, etc.

22

2a. Mailing Address

26 P.O. BOX 92668  
Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL

Zip

29 33497

Country

30 NM Bch

City & State

31 NM Bch

Zip

32 NM Bch

Country

33 NM Bch

City & State

34 NM Bch

Zip

35 NM Bch

Country

36 NM Bch

City & State

37 NM Bch

Zip

38 NM Bch

Country

39 NM Bch

City & State

40 NM Bch

Zip

41 NM Bch

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42 NM Bch

City & State

43 NM Bch

Zip

44 NM Bch

Country

45 NM Bch

City & State

46 NM Bch

Zip

47 NM Bch

Country

48 NM Bch

City & State

49 NM Bch

Zip

50 NM Bch

Country

51 NM Bch

City & State

52 NM Bch

Zip

53 NM Bch

Country

54 NM Bch

9. Name and Address of Current Registered Agent

SIMON, RICHARD  
20400 W. COUNTRY CLUB DRIVE, #215  
N. MIAMI BEACH FL 33180

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

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

(NOTE: For Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, RICHARD	
STREET ADDRESS	20400 WEST CTRY CLUB DR	
CITY-ST-ZIP	NO MIAMI BECH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATSOFF, ROBERT	
STREET ADDRESS	20400 WEST CTRY CLUB DR	
CITY-ST-ZIP	NO MIAMI BECH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the election stated in section 119.07(3)(l), 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 file 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.

CR2E034 (5/98)