

**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

FILED

95 JUL 31 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S48716** (2)  
1. Corporation Name  
**SOUTHERN MEDICAL SUPPLY, INC.**

Principal Place of Business Mailing Address  
**11420 SW 42 TERRACE MIAMI FL 33165 US** **11420 SW 42 TERRACE MIAMI FL 33165 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/12/1991** 3a. Date of Last Report **08/04/1994**

4. FEI Number **65-0259108** 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

2. Principal Place of Business 2a. Mailing Address  
21 **5080 B NW 74 AVE** 26 **5080 B N.W. 74 AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

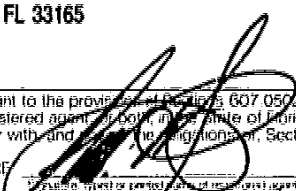
22 City & State 27 City & State  
23 **Miami FL** 28 **Miami FL**

24 Zip 25 Country 29 Zip 30 Country  
**33166 USA 33166 USA**

9. Name and Address of Current Registered Agent  
**BORDON, DARIO N.  
11420 SOUTHWEST 42 TERRACE  
MIAMI FL 33165**

10. Name and Address of New Registered Agent  
81 Name **BORDON DARIO N.**  
82 Street Address (P.O. Box Number is Not Acceptable) **5080 B N.W. 74 AVE.**  
83  
84 City **Miami** 85 Zip Code **FL 33166**

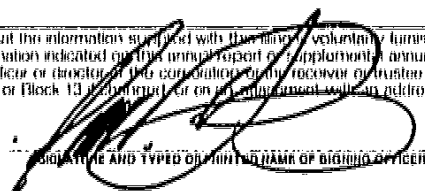
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE  DATE **07-12-95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BORDON, DARIO N.</b>
STREET ADDRESS	<b>1821 CORAL GATE DR.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>11420 S.W. 42 TERRACE</b>
14 CITY, ST, ZIP	<b>MIAMI, FL 33165</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 110.03(6), 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 hereon and on any subsequent such an address.

SIGNATURE:  DATE **07-12-95 (305) 216-2877**