Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

⊠No

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

Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90026 038 ***150.00

DOCUMENT # S61729

	1. Corporation Nat KEARNEY N	MEDICAL SUPPLIES, INC.
	Principal Place of E	3usiness
	5990 FROND WAY APOLLO BEACH FL US	33572
	Suite, Apt. #, et	Frond Way
	City & State	the stage of the s
ĺ	Zip	Country

STREET ADDRESS

CITY-ST-ZIP

Mailing Address 5930 FROND WAY APOLLO BEACH FL 33572

2a. Mailing Address

City & State

Zip

28

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Election Campaign Financing

This corporation owes the current year Intangible

06/24/1991 4. FEI Number

65-0277504

24	25	29	30			Personal Prop	erty Tax.		☐ Yes	No	
	9. Name and Address of Cur		10. Name and Address of New Registered Agent								
_				81	Name						
PYLE, TERRENCE F. 707 DEL WEBB BLVD WEST SUN CITY CENTER FL 33573					Street Address (B.O. Box Number is Not Accentable)						
					Street Address (P.O. Box Number is Not Acceptable)						
							7 77				
				Ш							
,				84	City			FL	85 Zip	Code	
	to the provisions of Sections 607.0	0000 and 607 4500 Flerida 9	Statutes the a	<u> </u>	named corr	poration submits this	tatement for the n		changing if	s registered	
office or r	egistered agent or both in the Sta	ate of Florida. Such change v	was authorized	1 bv	the corporati	on's board of director	s. I hereby accept	he appoir	itment as r	egistered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.050	5, Florida Stat	utes	•						
SIGNATURE								DATE			
	Signature, typed or printed name of registered		<u> </u>	<u> </u>	it signature require	ed when reinstating)	HANGES TO OFFI		D DIRECT	ODS IN 12	
12.		AND DIRECTORS	13. TE 1.1 TI				HANGES TO OFFI	JEKS AN	Change		
TITLE	DPST	□ DELE	ı		į	· -	•				
NAME	KEARNEY, PATRICK J	,	1.2 N								
STREET ADDRESS	911 CHIPAWAY DRIVE		1.3 8	TREET	FADDRESS		•				
CITY-ST-ZIP	APOLLO BEACH FL			TY-S1	T-ZIP					f	
TITLE	DVP	☐ DELE	TE 2.1 TI	TLE	1				Change	Addition	
NAME	KEARNEY, KAREN E.		2.2 N	AME	İ						
STREET ADDRESS	911 CHIPAWAY DRIVE		2.3 \$	TREET	ADDRESS						
СЛY-ST-ZIP	APOLLO BEACH FL		2.40	TY-S	ST-ZIP						
TITLE		DELE	TE 3.1 TI	TLE	1			٠	Change	Addition	
NAME			3.2 N	AME	1						
STREET ADORESS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP			3.4.0	TY-S	ST-ZIP						
TITLE		☐ DELE							Change	Addition	
NAME			4.21	IAME	1						
STREET ADDRESS]	•		_	T ADDRESS						
-	•			ITY-S'			,				
CITY-ST-ZIP		∏ DELE			1-716				Change	Addition	
	,		5.1 V					•		_	
NAME	,				T ADDRESS						
STREET ADDRESS							*				
CITY-ST-ZIP		D SELEC		MY-S	1-21				☐ Change	Addition	
TITLE		☐ DELE								, U Addition	
NAME	l		6.2 N	AME							

Country

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP