

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90077 040 \*\*\*\*\*1.32

05-17-1999 90031 044 \*\*\*148.68

**PROFIT CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V02525**

1. Corporation Name  
**ADCO MEDICAL SUPPLIES, INC.**

Principal Place of Business  
**3400 S.W. 26TH TERRACE, SUITE A-9  
 FT. LAUDERDALE FL 33312**

Mailing Address  
**P. O. BOX 5370  
 HAMDEN CT 06518  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

65-0302761

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 the current year intangible  
 Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIRTEL, BURTON C  
 19533 ISLAND CT DR  
 BOCA RATON FL 33434**

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS      | CITY-ST-ZIP   | <input type="checkbox"/> DELETE |
|-------|--------------------|---------------------|---------------|---------------------------------|
| PS    | FIRTEL, BURTON C.  | 19533 ISLAND CT DR  | BOCA RATON FL | <input type="checkbox"/>        |
| VT    | SAUNDERS, BARRY A. | 7101 RAIN FOREST DR | BOCA RATON FL | <input type="checkbox"/>        |
|       |                    |                     |               | <input type="checkbox"/>        |
|       |                    |                     |               | <input type="checkbox"/>        |
|       |                    |                     |               | <input type="checkbox"/>        |
|       |                    |                     |               | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|---|
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |
|           |          |                    |                 | <input type="checkbox"/>  |

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barry Saunders*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99  
 Date

Daytime Phone #