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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V14319

1. Corporation Name

METROPOLITAN MEDICAL & SURGICAL SUPPLIES, INC.

Principal Place of Business

**3901 SW 47TH AVENUE
SUITE 406
FT. LAUDERDALE FL 33314
US**

Mailing Address

**3901 SW 47TH AVENUE
SUITE 406
FT. LAUDERDALE FL 33314
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1992

4. FEI Number

65-0319185

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**AUERBACHER STEVEN M. ESQUIRE
CROCKER CENTER
5200 TOWN CENTER CIRCLE, STE. 401
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name **SHARI OLEFSON, PA**
82 Street Address (P.O. Box Number is Not Acceptable)
15 SE 9th AVE
83
84 City **Fort Lauderdale** **FL** **85** Zip Code **33301**

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

Shari Olefson, President **3/11/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **AFRICK, PAMELA B.**
STREET ADDRESS **2510 NE 47TH ST - 43 ROYAL PALM DR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 **D** ☒ Change ☐ Addition
1.2 NAME **AFRICK, PAMELA B.**
1.3 STREET ADDRESS **43 ROYAL PALM DRIVE**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33301**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **PAMELA B. AFRICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 4/99 **904-581-1960**

CR2E034 (11/98)