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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90030 022 ***150.00

DOCUMENT # V14319 1. Corporation Name

METROPOLITAN MEDICAL & SURGICAL SUPPLIES, INC.

Principal Place	of Business			Ma	ailing Address				1181		3 11101 11310 1311		.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1911 61411 1981
3901 SW 47TH	AVENUE				SW 47TH AVENUE									•
SUITE 406				SUITE 406				DO NOT WRITE IN THIS SPACE						
FT. LAUDERDALE FL 33314 US			US	FT. LAUDERDALE FL 33314				Date Incorporated or Qualifed						
00				•					02/13/					
2. Principal Pl	lace of Business			2a.	Mailing Address		-		4. FEI Num				Ap	plied For
21				26	ū				65-031	9185		_	No	t Applicable
Suite, Apt. :	#, etc.				Suite, Apt. #, etc.				T		sired \square	\$8	3.75 ₽	dditional
22				27					5. Certificat	e of Status De		<u> </u>	Fee Re	quired
City & State	e				City & State				6. Election	Campaign Fina	ancing _			Мау Ве
23				28		<u>_</u>			Trust Fu	nd Contribution	·		Added to	o Fees
Zip		Country			Zip	Count	try			oration owes t	he current ye			Π.,
24	25			29		30				Property Tax.	New Besie	Y 🗆		□No
	9. Name and	I Addres:	s of Curre	ent Regist	tered Agent		31 Nam		10. Name a	nd Address of	New Regist	erea Agen		
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	CKER CENTE		ESGOIN	.L		8	32 Stre	et Addre	ss (P.O. Box I	lumber is Not	Acceptable)			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP