PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90013 012 ***150.00

DOCU	MENT # V1942	7						
1. Corporation	n Name		NT INC		•			
WESTER	N MEDICAL SUPPLIES	AND EQUIPME	NI, ING.			: 188:1 81:181 1(8)	AMAN AIRN AIRN B	1831 BERGE 1881
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Principal Place	e of Business	Mailing Ad	ldress			T (BBI) BI(SON LIBLO NOVI) BIBIO (SOLI ISON SIO)	NIMII DIANI RIBII AI	INIE EVEN HENE
2300 TALL PINE		PO BOX 23	1148					
SUITE 100		TAMPA FL				DO NOT WRITE IN THIS	SPACE	
LARGO FL 3464 US	41	US				3. Date Incorporated or Qualifed	3 31 702	
03						03/05/1992		
2. Principal P	lace of Business	2a. Mailing	Address			4. FE! Number	Apj	plied For
21		26				59-3111792		t Applicable
Suite, Apt.		Lana .	Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27 City 8	Ctata					
City & State	e	City &	State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Count	try	This corporation owes the current year Ir		
24	25	29	[3	30	•	Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	rrent Registered A	gent			10. Name and Address of New Registered	l Agent	
OCID	EDT FLOVE W			. 8	Name			
	BERT, FLOYD W TALL PINES DR			1	Street Add	dress (P.O. Box Number is Not Acceptable)		
	E 100			5	33			
	GO FL 34641			[
_				8	34 City	FI	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508	, Florida Statutes	s, the abo	L ove-named cor	poration submits this statement for the purpose of	f changing its	registered
						tion's board of directors. I hereby accept the appo	ointment as reç	gistered
office or n agent. I a	egistered agent, or both, in the S m familiar with, and accept the ol	tate of Florida, Such oligations of, Section	i change was au i 607.0505, Flori			tion's board of directors. Thereby accept the appo	ointment as reç	gistered
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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.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR