

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:40

DOCUMENT # **V20811** (8)

1. Corporation Name

COMPREHENSIVE MEDICAL SUPPLY CO.

Principal Place of Business

**641 N. UNIVERSITY DRIVE
PLANTATION FL 33324**

Mailing Address

**2145 W. DAVIE BLV
SUITE 203
FT. LAUDERDALE FL 33312
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1992

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0317494

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 15822 W. STATE RD. 84

2a. Mailing Address

26 15822 W. STATE RD. 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

City & State

23 **SUNRISE, FL**

28 **SUNRISE, FL**

Zip

Country

Zip

Country

24 **33326**

25 **U.S.A.**

29 **33326**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GASMAN, KEITH A.
2929 EAST COMMERCIAL BLVD.
SUITE 702
FT. LAUDERDALE FL 33308**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
JAIN, INDU
2145 W. DAVE BLVD, SUITE 203
FT. LAUDERDALE FL

1 **TITLE** ☐ Change ☐ Addition

12 **NAME**

13 **STREET ADDRESS**

14 **CITY - ST - ZIP**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
JAIN, INDU
2145 W. DAVE BLVD, SUITE 203
FT. LAUDERDALE FL

21 **TITLE** ☐ Change ☐ Addition

22 **NAME**

23 **STREET ADDRESS**

24 **CITY - ST - ZIP**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 **TITLE** ☐ Change ☐ Addition

32 **NAME**

33 **STREET ADDRESS**

34 **CITY - ST - ZIP**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 **TITLE** ☐ Change ☐ Addition

42 **NAME**

43 **STREET ADDRESS**

44 **CITY - ST - ZIP**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 **TITLE** ☐ Change ☐ Addition

52 **NAME**

53 **STREET ADDRESS**

54 **CITY - ST - ZIP**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 **TITLE** ☐ Change ☐ Addition

62 **NAME**

63 **STREET ADDRESS**

64 **CITY - ST - ZIP**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/95

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PH 1:29

DOCUMENT # V23047 (6)

1. Corporation Name

2840 CENTER, INC.

Principal Place of Business

**67 NE 44TH STREET
SUITE 5
OAKLAND PARK FL 33334**

Mailing Address

**67 NE 44TH STREET
SUITE 5
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/19/1992

3a. Date of Last Report
03/18/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0329395

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONIELLO, ROSE MARIE
67 NE 44TH STREET
SUITE 5
OAKLAND PARK FL 33334**

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 of application)

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BONIELLO, JOHN
STREET ADDRESS	67 NE 44TH STREET
CITY, ST, ZIP	OAKLAND PARK FL
TITLE	D
NAME	BONIELLO, ROSE MARIE
STREET ADDRESS	67 NE 44TH STREET
CITY, ST, ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this 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.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

3/24/95 305-771-2445