FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 15 1997 8:00am
Secretary of State

DOCUMENT # **P94000093410 (6)**

1. Corporation Name
DOCTORS MEDICAL SUPPLIES, INC.

Principal Place of Business
215 SW 17 AVE.
STE 312
MIAMI FL 33135
US

Mailing Address
215 SW 17 AVE.
STE 312
MIAMI FL 33135-3681
US

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 175 FOUNTAINE BLEAU BLVD
Suite, Apt #, etc. 22 SUITE 2G13
City & State 23 MIAMI, FL
Zip 24 33172 Country 25 DADE

2a. Mailing Address
26 175 FOUNTAINE BLEAU BLVD
Suite, Apt #, etc. 27 SUITE 2G13
City & State 28 MIAMI, FL
Zip 29 33172 Country 30 DADE

4. FEI Number: 65-0542193 — 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
GONZALEZ, JORGE
215 SW 17 AVE.
STE 312
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name: JORGE GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 175 FOUNTAINEBLEAU BLVD. SUITE 2G13
84 City: Miami FL 85 Zip Code: 33172

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	PD	☐ DELETE
NAME	GONZALEZ, JORGE	
STREET ADDRESS	1800 NW 24TH AVENUE #610	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	300002059918	☐ Change ☐ Addition
5.2 NAME	-01/16/97--01015--014	
5.3 STREET ADDRESS	***165.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	200002060022	☐ Change ☐ Addition
6.2 NAME	-01/16/97--01015--030	
6.3 STREET ADDRESS	***165.00	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 1-6-97 (305) 225-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #