

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000093410

1. Corporation Name
DOCTORS MEDICAL SUPPLIES, INC.

Principal Place of Business

CALLE FERNANDEZ GARCIA
#26 LOCAL #2
LUQUILLO PR 00773
US

Mailing Address

8357 W. FLAGLER STREET
SUITE 345
MIAMI FL 33144-2072

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 CALLE FERNANDEZ GARCIA

27 Suite, Apt. #, etc.

27 #26 LOCAL #2

28 City & State

28 Luquillo PR

29 Zip Country

29 00773

30

9. Name and Address of Current Registered Agent

GONZALEZ, JORGE
3180 S.W. 129 AVENUE
MIAMI FL 33175

81 Name RABINDRANANT R AMRUD RIOS

82 Street Address (P.O. Box Number is Not Acceptable)

83 8357 W FLAGLER STREET #345

84 MIAMI FL

85

Zip Code 33144

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P GONZALEZ, JORGE [] DELETE

NAME 3180 S.W. 129TH AVENUE

STREET ADDRESS MIAMI FL 33175

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

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P RABINDRANANT R AMRUD RIOS [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

P RABINDRANANT R AMRUD RIOS
AVE MIGUEL PO
PASO DEL REY APT 2502 PONCE PR 00731

300002795899-1
-03/05/99--01060-016
****158.75 ****158.75

JB
3-5-99

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: (X)

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

APPROVED
AND
FILED

99 MAR -5 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

65-0542193

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

[] Yes

[] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)