

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90052 016 ***150.00

DOCUMENT # F93000005572
 1. Entity Name
MEDICAL ACCESSORIES & SUPPLY HEADQUARTERS, INC.

Principal Place of Business 1130 HIGHWAY 31 SOUTH ALABASTER AL 35007	Mailing Address 1130 HIGHWAY 31 SOUTH ALABASTER, AL 35007
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **63-0798076** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHEM, ANGELA
1505-B S. FERDON BLVD.
CRESTVIEW FL 32536

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PC HORN D.M.D., GREGORY L	<input type="checkbox"/> Delete
STREET ADDRESS 1130 HIGHWAY 31 SOUTH	
CITY-ST-ZIP ALABASTER AL	
TITLE NAME DST ALVERSON, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS 1130 HIGHWAY 31 SOUTH	
CITY-ST-ZIP ALABASTER AL	
TITLE NAME DV BORDENCA, D.M.D., CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS 1130 HIGHWAY 31 SOUTH	
CITY-ST-ZIP ALABASTER AL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven W. Alverson* **STEVEN W. ALVERSON** **PRESIDENT** **1/04/2001** **(205)664-2059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)