

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0328550 AV

DOCUMENT # P00000007527

1. Entity Name  
 CAMPODONICO'S MEDICAL SUPPLIES, INC.

04-08-2002 90221 040 \*\*\*150.00

Principal Place of Business Mailing Address  
~~10662 W SAMPLE ROAD~~ ~~10662 W SAMPLE ROAD~~  
~~CORAL SPRINGS FL 33065~~ ~~CORAL SPRINGS FL 33065~~

*New Address*



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. 7848 DIXIE BEACH CIR  
 Suite, Apt. #, etc.  
 City & State TAMARAC FLORIDA  
 Zip Country 33321 BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977463 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  
 Name GIANCARLOS CAMPODONICO  
 Street Address 7848 DIXIE BEACH CIRCLE  
 TAMARAC  
 City FL Zip Code 33321

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 Giancarlo Campodonico 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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPODONICO, GIANCARLOS	
STREET ADDRESS	10662 W SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELGADO, LAYZU	
STREET ADDRESS	10662 W SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPODONICO, GIANCARLOS	
STREET ADDRESS	7848 DIXIE BEACH CIRCLE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	V/P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, LAYZU	
STREET ADDRESS	7848 DIXIE BEACH CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(l), 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: Giancarlo Campodonico 796-9144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/10/02 Daytime Phone #

CR2E034 (9/01)