

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000084180

FILED  
Feb 13, 2003  
Secretary of State

Entity Name: EVEREST MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

1840 SOUTHWEST 22ND STREET FOURTH FLOOR  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

5047-6 HEATHERHILL LANE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 51-0419151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. ( ) Change (X) Addition  
Name: EVEREST MEDICAL SUPP, LY, INC.  
Address: 1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33145 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD A. WILLIS

MR.

02/13/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date