

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90022 016 \*\*\*150.00

0259424 AV

**DOCUMENT # P94000093410**

1. Entity Name  
**DOCTORS MEDICAL SUPPLIES, INC.**

Principal Place of Business <b>#26 CALLE FERNANDEZ          #26          GARCIA LUQUILLO 00713          US</b>	Mailing Address <b>3636 SW 87TH AVENUE          MIAMI FL 33165</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0542193**      Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country      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

**AMRUD RIOS, RABINDRANAUT  
 8357 W. FLAGLER ST. #345  
 MIAMI FL 33144**

Name **Amrud Rios, Rabindranaut**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3636 SW 87 Ave.**  
 City **Miami, FL**      Zip Code **33165**

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 **01/15/02**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>AMRUD RIOS, RABINDRANAUT R</b>
STREET ADDRESS	<b>AVE. MIGUEL PON PASEO DEL REY APT. 2502</b>
CITY-ST-ZIP	<b>PONCE PR 00731</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRUD RIOS, RABINDRANAUT R</b>
STREET ADDRESS	<b>Calle D Casa 4</b>
CITY-ST-ZIP	<b>Los Paisajes, Luquillo, PR 00773</b>
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	
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)(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:       DATE **01/15/02**      Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)