

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90071 002 ***150.00

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DOCUMENT # **P94000093410**



1. Entity Name
DOCTORS MEDICAL SUPPLIES, INC.

Principal Place of Business
**#26 CALLE FERNANDEZ
#26
GARCIA LUQUILLO 00713
US**

Mailing Address
**3636 SW 87TH AVENUE
MIAMI FL 33165**



2. Principal Place of Business
88 Calle Fernandez Garcia

3. Mailing Address
3636 SW 87 Ave.

Suite, Apt. #, etc.
Local 2

Suite, Apt. #, etc.

City & State
Luguillo, PR

City & State
Miami, FL

Zip
00773

Country
Puerto Rico

Zip
33165

Country
U.S.A

CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**AMRUD RIOS, RABINDRANAUT
3656 SW 87 AVNEU
MIAMI FL 33165**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check, Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AMRUD RIOS, RABINDRANAUT R	
STREET ADDRESS	CALLE D CASA 4	
CITY-ST-ZIP	PONCE PR 00731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Rabindranah Amrud Rios

SIGNATURE: **SIGNATURE REQUIRED** _____ Date **01/23/03** (787) 889-0160 Daytime Phone #

CR2E034 (10/02)