

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000045294

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: U.S. MEDICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

6601 LYONS RD. SUITE I-10
STE E 7
COCONUT CREEK, FL 33073 US

Current Mailing Address:

6601 LYONS RD. SUITE I-10
STE E 7
COCONUT CREEK, FL 33073 US

FEI Number: 59-3322740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6601 LYONS RD.
STE E 7
COCONUT CREEK, FL 33073 US

New Mailing Address:

6601 LYONS RD.
STE E 7
COCONUT CREEK, FL 33073 US

Name and Address of Current Registered Agent:

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE, FL 32207 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KRAEMER, MARK
Address: 2795 VIA BAYA LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: EDWARDS, ROBERT J JR
Address: 12914 HYLAND CIR
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: WESTON, STEVE
Address: 2486 COMFORT
City-St-Zip: W. BLOOMFIELD, MI 48323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KRAEMER, MARK
Address: 2795 VIA BAYA LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change () Addition
Name: EDWARDS, ROBERT J JR
Address: 12914 HYLAND CIR
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Change () Addition
Name: WESTON, STEVE
Address: 2486 COMFORT
City-St-Zip: W. BLOOMFIELD, MI 48323

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: ROBERT EDWARDS

D

04/17/2002

Electronic Signature of Signing Officer or Director

_____ Date