

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90121 001 ***450.00

000487

DOCUMENT # V52998

1. Entity Name
ACCESS MEDICAL & OFFICE SUPPLIES, INC.

Principal Place of Business 311 N CLYDE MORRIS BLVD 520-510 DAYTONA BCH. FL 32114 US	Mailing Address 311 N CLYDE MORRIS BLVD 520-510 DAYTONA BCH. FL 32114 US
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2. Principal Place of Business 311 N CLYDE MORRIS BLVD	3. Mailing Address 311 N CLYDE MORRIS BLVD
Suite, Apt. #, etc. SUITE 510	Suite, Apt. #, etc. SUITE 510
City & State DAYTONA BEACH, FL	City & State DAYTONA BEACH FL
Zip 32114	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
JACQUES R. CALDWELL M.D.

Street Address (P.O. Box Number is Not Acceptable)
311 N. CLYDE MORRIS BLVD
SUITE 510

City
DAYTONA BEACH **FL** Zip Code
32114

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 **JACQUES R. CALDWELL, President** **4/3/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	STD OFFENBERG, HOWARD 321 N CLYDE MORRIS BLVD SUITE 510 DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDWELL, JACQUES 321 N CLYDE MORRIS BLVD SUITE 510 DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE: **JACQUES R. CALDWELL MD** **4/3/01** **386-253-7490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
PRESIDENT

CFR2E034 (10/00)