

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-12-2003 90349 001 ***300.00

DOCUMENT # V57832

1. Entity Name
MILDER MEDICAL SUPPLY, INC.



Principal Place of Business
12255 S.W. 132 COURT
MIAMI FL 33186
US

Mailing Address
12255 S.W. 132 COURT
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0353748**

Applied For
Not Applicable

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

MILDER, HARRY
112255 SW 132 COURT
MIAM FL 33186

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MILDER, HARRY**
STREET ADDRESS **8305 SW 116 TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 (305) 286-1818
Date Daytime Phone #

President

CR2E034 (10/02)

Attachment

Milder Medical Supply Inc.

Milder Pharmacy, Inc.

12255 S.W. 132 Court

Miami, Florida 33186

(305)256-1818 FAX: (305)254-9288 E-Mail: mmsi@gate.net

March 24, 2003

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302

Dear Sir/Madame,

Re: 2003 UBR Document #F05003 & V57832

58020/22

Enclosed please find the **corrected** and signed copies of our "2003 For Profit Corporation Uniform Business Report". Please make note that we inadvertently signed section 8. This area is for a changing registered office or registered agent. Our registered office or agent has not changed. This was an error on our part. **Please make a note that section 8 was signed in error.** We have signed the proper section, 12, and are returning this form for filing.

Thank you very much,

Sincerely,



Harry Milder, P.D.RPh

Milder Pharmacy, Inc.

Milder Medical Supply, Inc.