

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 004 ***150.00

2012171 AV

DOCUMENT # **424361**

1. Entity Name
UNIVERSITY PHYSICIANS SUPPLY, INC.

Principal Place of Business Mailing Address
217 VALENCIA AVE **217 VALENCIA AVE**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

B0061794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1525451	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOBELIN, NORMAN 2000 PONCE DE LEON BLVD. 217 VALENCIA CORAL GABLES FL 33134 CORAL GABLES 33134			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.

SIGNATURE _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBELIN, NORMAN		NAME		
STREET ADDRESS	4160 SW 152 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBELIN, NORIS		NAME		
STREET ADDRESS	4160 SW 152 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Norman Kobelin* **NORMAN Kobelin** Date: **3/7/2002** Daytime Phone #: **305-448-6116**

CR2E034 (9/01)

ATTACH DOC# 424361



RICHARD J. BROWDY
CERTIFIED PUBLIC ACCOUNTANT

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American Institute Certified Public Accountants

Member of the
Florida Institute of Certified Public Accountants

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FILING INSTRUCTIONS

2/28/02

STATE OF FLORIDA

CORPORATE ANNUAL REPORT

NAME: University Physician Supply, Inc YEAR ENDED: 2002

SIGN AND DATE THIS RETURN AND MAIL TO THE ADDRESS INDICATED
BELOW ON OR BEFORE MAY 1, 2002

SIGNATURE MUST BE AN OFFICER OF THE CORPORATION

MAKE THE CHECK PAYABLE TO: DEPARTMENT OF STATE
IN THE AMOUNT OF \$150.00

PLEASE NOTE: PAYMENT MADE AFTER MAY 1, 2001 IS SUBJECT TO AN
ADDITIONAL \$400.00 PENALTY FEE.

MAIL TO:

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

IMPORTANT

BE SURE TO PLACE YOUR CORPORATION'S
IDENTIFICATION NUMBER ON THE CHECK.