

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90235 020 \*\*\*150.00

**DOCUMENT # 424361**  
1. Entity Name  
**UNIVERSITY PHYSICIANS SUPPLY, INC.**



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

Mailing Address  
**217 VALENCIA AVE**  
**CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1525451**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**KOBELIN, NORMAN**  
**217 VALENCIA**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name **Joseph L. Schwartz, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2435 Hollywood Boulevard**  
City **Hollywood, FL** Zip Code **33020**

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 *Joseph L. Schwartz*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/22/03**

**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 **PD** ☒ Delete  
NAME **KOBELIN, NORMAN**  
STREET ADDRESS **4160 SW 152 AVE**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **STD** ☒ Delete  
NAME **KOBELIN, NORIS**  
STREET ADDRESS **4160 SW 152 AVE**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition  
NAME **William Nabors**  
STREET ADDRESS **9572 SW 8th Street**  
CITY-ST-ZIP **Pembroke Pines, FL 33025-1120**

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

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

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

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

TITLE ☐ Change ☐ 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)(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: *William Nabors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William Nabors**

**2-11-2003**

**305.448.6116**

Date

Daytime Phone #

CR2E034 (10/02)