Amended

FILED
03 SEP 22 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #425420

1. Entity Name
A AMERICAN SURGICAL SUPPLY CORP. OF WEST PALM BEACH

Principal Place of Business	Mailing Address
740 BELVEDERE ROAD WEST PALM BEACH, FL 33405	740 BELVEDERE ROAD WEST PALM BEACH, FL 33405

☒ CHECK HERE IF MAKING CHANGES

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 59-1483205 ☐ 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
BLANZOLE, ANDREW J. 740 BELVEDERE ROAD WEST PALM BEACH, FL 33405	Name HERNANDO CRUZ Street Address (P.O. Box Number is Not Acceptable) 740 BELVEDERE ROAD City WEST PALM BEACH FL Zip Code 33405

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] 09.11.03
Date

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLANZOLE, ANDREW J. 5070 PONDEROSA LANE WEST PALM BEACH, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNANDO CRUZ 740 BELVEDERE ROAD WEST PALM BEACH, FL 33405 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLANZOLE, AUDREY J. 5070 PONDEROSA LANE WEST PALM BEACH, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HERNANDO CRUZ 740 BELVEDERE ROAD WEST PALM BEACH, FL 33405 ☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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 all address, with all other like empowered.

SIGNATURE: [signature] 09.11.03 561.373.8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR 9/24