

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90067 029 \*\*\*558.75

DOCUMENT # F02000000177

Entity Name

L SOUTH MEDICAL SUPPLY, INC.



Principal Place of Business

630 OLIVER ROAD, STE E  
MONTGOMERY AL 36117

Mailing Address

PO BOX 241201  
MONTGOMERY AL 36124-1201

2. Principal Place of Business

All South Med. Inc Supply

3. Mailing Address

Same as

Suite, Apt. #, etc.

1975 Main Blvd Suite 100

Suite, Apt. #, etc.

Principal place of

City & State

Auburn, AL

City & State

Business

Zip

36830

Country

USA

Zip

Country

4. FEI Number

72-1353651

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAVID D

TH FLA AVE. STE 145

FL 33803

7. Name and Address of New Registered Agent

Name Brian Riddle

Street Address (P.O. Box Number is Not Acceptable)

2640 E. Olive Rd # 8036

City Pensacola

FL

Zip Code 32514

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

Steve Shiflett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SHIFLETT, STEVEN M 6507 EASTWOOD GLEN DR. MONTGOMERY AL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHIFLETT, JEFFREY S 7584 PINACLE PT. MONTGOMERY AL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steve Shiflett 9.8.03 334-821-2066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)