## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F25953 **DOCUMENT #**

1. Entity Name

DANBETH MEDICAL SUPPLY, INC.



## **FILED** Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90083 030 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS									
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Sains Apt #, etc   Suite Apt # etc.						)		01811 EURII 1881	
City & State  Country  Country  S. Cortificate of Status Desired.  Fee Required  T. Name and Address of New Registered Agent  Name  Concentration  T. Name and Address of New Registered Agent  T. Name and Address of New Regis	2. Principal Place of Business		3. Mailing Address			JAN BION BALL			
Zp Country Zp Country S. Certificate of Status Deleted Sp. 58.75 Additional Sp. 75. Addit	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	G CHANGES	3		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE Population, fined to constitution of the purpose of changing its registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS SISO.00  After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	City & State		City & State		4. FEI Number 59-2092050	<del></del>	<del></del>		
SOUNCE, HERBERT R 320 W. KENNEDY #520 TAMPA FL 38606  City FL Zip Code  6. The above named entity submite this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac	dditional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name and Address of Curren	t Registered Agent			<u></u>			
Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL 33806  City  Tity  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNAT	DOMEA LEDBERT D				Name	·			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature				-		17			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frorida. I am familiar with, and accept the obligations of registered agent.  SIGNATUE powdrum horse or prised agent along a control for the purpose of changing its registered agent, or both, in the State of Frorida. I am familiar with, and accept the obligations of registered agent.  SIGNATUE powdrum horse or prised agent of registered agent.  SIGNATUE powdrum horse or prised agent of registered agent.  Powdrum in the State of Frorida. I am familiar with, and accept the obligations of registered agent.  SIGNATUE powdrum horse or prised agent of the powdrum with a support of the powdrum in the state of Frorida. I am familiar with, and accept the obligations of the powdrum in the state of Frorida. I am familiar with, and accept the obligations of the powdrum in the state of Frorida. I am familiar with, and accept the obligations of the powdrum in the state of Frorida. I am familiar with, and accept the obligation of the powdrum in the state of Frorida. I am familiar with, and accept the obligation of the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida pagents in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida. I am familiar with, and accept the powdrum in the state of Frorida.  SIGNATUE for a powdrum in the state of Frorida. Pagents from the state of Frorida. Pagents from the state of Frorida.  SIGNATUE for a powdrum in the state of Frorida.  SIGNATUE for a powdrum in the state of Frorida.  SIGNATUE for a powdrum in the state of Frorida.  SIGNAT				-	City	FI	Zip Cor	de	
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After May 1, 2003 Fee will be \$55,0.00 May be Make Check Evapable to Florida Department of State  10.	<del> </del>		t and title if applicable. (NO)	IE: Registered /	Agent signature required v	when reinstating) DATE			
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		ertify that the information supplied with	this filing does not qualify for		<b>I</b>	ion 110 07(0)(i) Flacial C			

of the corporation or the receiver or lifestee 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 a docess, with all other like empowered.

SIGNATURE:

3-17-03

215886-043

Daytime Phone #