

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90216 001 ***150.00
 02-29-2000 90216 002 *****8.75

DOCUMENT # F91642

1. Entity Name

AMERICAN HOSPITAL SUPPLY, INC.

Principal Place of Business

Mailing Address

1100 EAST 1ST STREET
 SUITE 1
 SANFORD FL 32771

1100 EAST 1ST STREET
 SUITE 1
 SANFORD FL 32771-1400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2203969

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSEN, BRUCE D
1629 PRIME COURT., STE 700
ORLANDO FL 32809

Name

ANDERSEN, BRUCE D.

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

1100 EAST FIRST ST. SUITE #1

City

SANFORD

FL

Zip Code
32771

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ANDERSEN, BRUCE D**
 STREET ADDRESS **1629 PRIME COURT., STE 700**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **C** ☒ Change ☐ Addition
 NAME **ANDERSEN, BRUCE D**
 STREET ADDRESS **1100 EAST FIRST ST. #1, SANFORD, FL 32771**
 CITY-ST-ZIP **1100 EAST FIRST ST. #1, SANFORD, FL 32771**

TITLE **V** ☐ Delete
 NAME **ANDERSEN, C. WESLEY**
 STREET ADDRESS **1629 PRIME COURT., STE 700**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **P** ☒ Change ☐ Addition
 NAME **ANDERSEN, C. WESLEY**
 STREET ADDRESS **1100 EAST FIRST ST. #1, SANFORD, FL. 32771**
 CITY-ST-ZIP **1100 EAST FIRST ST. #1, SANFORD, FL. 32771**

TITLE **S** ☐ Delete
 NAME **ANDERSEN, SALLY J**
 STREET ADDRESS **1629 PRIME COURT., STE 700**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **S** ☒ Change ☐ Addition
 NAME **ANDERSEN, SALLY J**
 STREET ADDRESS **1100 EAST FIRST ST. #1, SANFORD, FL. 32771**
 CITY-ST-ZIP **1100 EAST FIRST ST. #1, SANFORD, FL. 32771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00

CR2E034 (9/99)