

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90040 046 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**106 Commerce Street**

3. Mailing Address

**106 Commerce Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #104**

**Suite #104**

City & State

**Lake Mary, Florida**

City & State

**Lake Mary, Florida**

4. FEI Number

**59-2203969**

Applied For

Not Applicable

Zip

Country

**32746**

**USA**

Zip

Country

**32746**

**USA**

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~~

~~1100 E FIRST ST~~

~~1~~

~~SANFORD FL 32771~~

Name

**Andersen, Bruce D.**

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

**106 Commerce Street, Suite #104**

City

**Lake Mary**

**FL**

Zip Code

**32746**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, BRUCE D</b>	
STREET ADDRESS	<b>1100 EAST FIRST ST #1</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, C. WESLEY</b>	
STREET ADDRESS	<b>1100 EAST FIRST ST #1</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, SALLY J</b>	
STREET ADDRESS	<b>1100 EAST FIRST ST #1</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andersen, Bruce D.</b>	
STREET ADDRESS	<b>106 Commerce Street, #104</b>	
CITY-ST-ZIP	<b>Lake Mary, Florida 32746</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andersen, C. Wesley</b>	
STREET ADDRESS	<b>106 Commerce Street, #104</b>	
CITY-ST-ZIP	<b>Lake Mary, Florida 32746</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andersen, Sally J.</b>	
STREET ADDRESS	<b>106 Commerce Street, #104</b>	
CITY-ST-ZIP	<b>Lake Mary, Florida 32746</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)