

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010024 AV

DOCUMENT # **F91642**

1. Entity Name  
**AMERICAN HOSPITAL SUPPLY, INC.**



FILED

03 OCT -9 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**105 COMMERCE STREET  
STE #104  
LAKE MARY FL 32746**

Mailing Address  
**105 COMMERCE STREET  
STE #104  
LAKE MARY FL 32746**



2. Principal Place of Business

**106 Commerce St.  
Suite, Apt. #, etc.  
STE #104  
City & State  
Lake Mary FL**

3. Mailing Address

**106 Commerce St  
Suite, Apt. #, etc.  
STE 104  
City & State  
Lake Mary FL**

**REINSTATEMENT**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2203969**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSEN, BRUCE D  
106 COMMERCE STREET, STE 104  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**C. Wesley Andersen**

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/6/03**

**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	<b>C ANDERSEN, BRUCE D 106 COMMERCE ST, #104 LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDERSEN, C. WESLEY 106 COMMERCE STREET #104 LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ANDERSEN, SALLY J 106 COMMERCE STREET #104 LAKE MARY FL 32746</b>	<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
<b>300023417893 09/30/03--01022--016 **750.00</b>	
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
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/26/03**

Date

**4073209901**

Daytime Phone #

CR2E034 (4/03)