

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90141 026 ***150.00

DOCUMENT # F94000000306

1. Entity Name
DS MEDICAL SUPPLY, INC.

Principal Place of Business

1725 BRECKINRIDGE PKWY
 STE 500
 DULUTH GA 30096-566
 US

Mailing Address

1725 BRECKINRIDGE PKWY
 STE 500
 DULUTH GA 30096-566
 US

00000174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2105 NEWPOINT PLACE
 Suite, Apt. #, etc.
SUITE 600

3. Mailing Address

2105 NEWPOINT PLACE
 Suite, Apt. #, etc.
SUITE 600

City & State

LAWRENCEVILLE GA

City & State

LAWRENCEVILLE, GA

4. FEI Number

58-1967392

Applied For

Not Applicable

Zip

Country

30043

Zip

Country

30043

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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, 2001 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

TITLE **CFOV** ☐ Delete
 NAME **BENNETT, ALAN**
 STREET ADDRESS **1725 BRECKINRIDGE PKWY STE 500**
 CITY-ST-ZIP **DULUTH GA 30096-7566**

TITLE **P** ☐ Delete
 NAME **WALL, VANCE**
 STREET ADDRESS **1725 BRECKINRIDGE PKWY #500**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE **CS** ☐ Delete
 NAME **WAVD, REEVE**
 STREET ADDRESS **455 OAKWOOD AVE**
 CITY-ST-ZIP **LAKE FOREST IL 60045**

TITLE **SV** ☐ Delete
 NAME **POSNER, DAVID**
 STREET ADDRESS **1916 N OAKLEY AVE**
 CITY-ST-ZIP **CHICAGO IL 60045**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2105 NEWPOINT PLACE #600**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2105 NEWPOINT PLACE #600**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 reports 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 (10/00)