

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90301 045 ***150.00

DOCUMENT # F94000000306

1. Entity Name
DS MEDICAL SUPPLY, INC.



Principal Place of Business
**2105 NEWPOINT PLACE
SUITE 600
LAWRENCEVILLE GA 30043
US**

Mailing Address
**2105 NEWPOINT PLACE
SUITE 600
LAWRENCEVILLE GA 30043
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1967392**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **CFOV** ☐ Delete
NAME **BENNETT, ALAN**
STREET ADDRESS **2105 NEWPOINT PLACE #600**
CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

TITLE **P** ☐ Delete
NAME **WALL, VANCE**
STREET ADDRESS **2105 NEWPOINT PLACE #600**
CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

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

TITLE **SV** ☐ Delete
NAME **KEEHN, PETER**
STREET ADDRESS **2911 ORCHARD LANE**
CITY-ST-ZIP **WILMETTE IL 60091**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

1/16/03 7704074444

CR2E034 (10/02)