

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90061 012 ***150.00

0578284 AT

DOCUMENT # F94000001897

1. Entity Name
SCIENTIFIC HOSPITAL SUPPLIES, INC.

Principal Place of Business 9600 MEDICAL CTR. DR. SUITE 102 ROCKVILLE MD 20850 US	Mailing Address P.O. BOX 117 GAITHERSBURG MD 20884 US
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2. Principal Place of Business 9900 Belward Campus Dr Suite, Apt. #, etc. Suite 100	3. Mailing Address Suite, Apt. #, etc.
City & State Rockville MD	City & State
Zip 20850	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0276083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VC GILL, BRIAN 100 WAVERTREE BLVD LIVERPOOL, UK L7 9PT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEFRIES, MARK A. 9600 MEDICAL CTR DR 102 ROCKVILLE MD 20850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9900 Belward Campus Dr #100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD KLOSSNER, CLAUDIA A 9600 MEDICAL CENTER DR #102 ROCKVILLE MD 20850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9900 Belward Campus Dr #100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Stephan Julius 100 Wavertree Blvd Liverpool UK L7 9PT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Claudia A. Klossner **1/10/02** **301-795-2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)