

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2001 8:00 am**  
**Secretary of State**

09-07-2001 90004 001 \*2,200.00

**DOCUMENT # F97000004926**

1. Entity Name  
**CDS MEDICAL SUPPLIES, INC.**

Principal Place of Business  
**2373 HORSESHOE DRIVE S**  
**NAPLES FL 34104**  
**US**

Mailing Address  
**2373 HORSESHOE DR S**  
**NAPLES FL 34104**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3030 Horseshoe Drive South**

3. Mailing Address  
**3030 Horseshoe Drive South**

Suite, Apt. #, etc.  
**200**

Suite, Apt. #, etc.  
**200**

City & State

City & State

4. FEI Number **65-0760349** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS ST., STE. #2**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **ALAN B Fields**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3030 Horseshoe Drive South Suite 200**  
 City **Naples** FL Zip Code **34104**

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 *Alan B Fields* DATE 8/28/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FISCINA, PETER J</b>	
STREET ADDRESS	<b>2373 HORSESHOE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peterson, Brent</b>	
STREET ADDRESS	<b>3030 Horseshoe Drive South Suite 200</b>	
CITY-ST-ZIP	<b>Naples FL 34104</b>	
TITLE	<b>PV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fields, ALAN B</b>	
STREET ADDRESS	<b>3030 Horseshoe Drive South Suite 200</b>	
CITY-ST-ZIP	<b>Naples FL 34104</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eric Elroy E</b>	
STREET ADDRESS	<b>3030 Horseshoe Drive South, Suite 200</b>	
CITY-ST-ZIP	<b>Naples FL 34104</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: *Alan B Fields* **President** DATE 8/28/01 DAYTIME PHONE # 941.430.5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)