

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000001274**1. Entity Name
EL MEDICAL SUPPLIES & SERVICES, INC.Principal Place of Business
PO BOX 530366
MIAMI FL 331530366
Mailing Address
PO BOX 530366
MIAMI FL 3315303662. Principal Place of Business
PO BOX 530366
3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL
City & StateZip
331530366
Country
US
Zip
Country4. FEI Number
65-0812464
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323010000 US**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 _____ **02/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
DC
LIGHTSEY EDDIE L ☐ Delete
STREET ADDRESS
PO BOX 530366 - NA
CITY-ST-ZIP
MIAMI FL 331530366TITLE
NAME
PVST
LIGHTSEY EDDIE L ☐ Delete
STREET ADDRESS
PO BOX 530366 - NA
CITY-ST-ZIP
MIAMI FL 331530366TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
DC
LIGHTSEY EDDIE L ☒ Change ☐ Addition
STREET ADDRESS
PO BOX 530366 - NA
CITY-ST-ZIP
MIAMI FL 331530366TITLE
NAME
PVST
LIGHTSEY EDDIE L ☒ Change ☐ Addition
STREET ADDRESS
PO BOX 530366 - NA
CITY-ST-ZIP
MIAMI FL 331530366TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
☐ Change ☐ Addition
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: Eddie L. Lightsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir 02/20/2001

Date Daytime Phone #

CR2E034 (11/00)