

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91593 045 ***150.00

DOCUMENT # H19061

1. Entity Name
SUPERMED, INC.

Principal Place of Business
525 SHADOW LAKES BLVD
ORMOND BCH. FL 32174
US

Mailing Address
525 SHADOW LAKES BLVD
ORMOND BCH. FL 32174
US

89641



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2441915**

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

7. Name and Address of New Registered Agent

GLICKSTEIN, GERALD
525 SHADOW LAKES BLVD
ORMOND BCH. FL 32174

Name **ALAN RABIN**
 Street Address (P.O. Box Number is Not Acceptable) **525 SHADOW LAKES BLVD**
 City **ORMOND BEACH** FL Zip Code **32174**

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]* **ALAN RABIN** **5/13/02**
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, 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 ☒ Delete
 NAME **DP GLICKSTEIN, GERALD H.**
 STREET ADDRESS **753 MARINA POINT DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition
 NAME **DP RABIN, ALAN J.**
 STREET ADDRESS **19 CHOCTAW TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ Delete
 NAME **DST GLICKSTEIN, BARBARA**
 STREET ADDRESS **753 MARINA POINT DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition
 NAME **DST RABIN, ELLEN S.**
 STREET ADDRESS **19 CHOCTAW TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 NAME
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 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: *[Signature]* **ALAN J. RABIN**

4/18/02

386.672 9530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)