2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am 3 **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # H41886 1. Entity Name 05-05-2003 91453 040 ***150.00 SUNBELT MEDICAL SUPPLY, INC. Principal Place of Business Mailing Address 20 CAPITAL DRIVE C/O MR. STEVEN A. WEINBERG HILTON HEAD SC 29926-2340 7805 S.W. 6TH COURT US PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address C/O CT CORPORATION SYSTEM Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES PING ISLAND RD SOUTH 1200 City & State City & State Applied For 4. FEI Number 59-2507648 3357L PLANTATION Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SYSTEM WEINBERG, STEVEN A ESQ Street, Address (P.O. Box Number is Not Acceptable) 7805 S.W. 6TH COURT PLANTATION FL 33324 City PLANTATION 8. The above named entity submits this statement for by 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 regi SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Addition TITLE ☐ Delete TITLE Change NAME DILLON , JONATHAN M. DILLON, JONATHAN M NAME STREET ADDRESS C/O 7805 S.W. 6TH CT STREET ADDRESS SUNBELT MEDICAL SUPPLY, INC. CITY-ST ZIP CITY-ST-ZIP 20 CAPITAL DR, HILTON HEAD, SC 29926 PLANTATION FL 33324 ☐ Delete TITLE CHAIRMAN ☐ Charige ★ Addition TITLE NAME NAME WALTER MATTHEW D. SUNBELT MEDICAL SUPPLY, INC. PO BOX 300 GALLOWAY OH 43119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GROUP PRESIDENT ☐ Change TITLE Delete LINDEN P. NAME NAME JOSEPH. STREET ADDRESS STREET ADDRESS SUNBELT PO BOX 300 MEDICAL SUPPLY INC. CITY-ST-ZIP CITY-ST-ZIP GALLOWAY PRESIDENT Addition TITLE ☐ Delete TITLE ☐ Change BARKS DALE, STACEY NAME NAME SUPPLY INC. STREET ADDRESS STREET ADDRESS MEDICAL CITY-ST-ZIP CITY-ST-ZIP W JO CAPITAL DR HELTON HEAD SC

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

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

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☐ Delete

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