FILED

Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90019 031 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66508

HOLLYWOOD MEDICAL SUPPLY, INC.

2131 HOLLYWOOD BLVD HOLLYWOOD FL 33020

SIGNATURE

Principal Place of Business

Mailing Address

2131 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6759

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

DATE

4. FEI Number 59-1096629 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name

LICHTERNSTEIN, ROBERT 2134 HOLLYWOOD BLVD 104 HOLLYWOOD FL 33020

and the second s		
Street Address (P.O. Box Nun	nber is Not Acceptable)	

Zip Code FL

. 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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS Change ☐ Addition ☐ Delete TITLE TITLE LICHTENSTEIN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2131 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 ddress, with all ether like empowered.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #