2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L20869 **DOCUMENT #** 1. Entity Name



05-02-2003 90137 018 ***150.00

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May 02, 2003 8:00 aı	$\mathbf{n}^{ \S}$
Secretary of State	ه ک

U.S. MED	DICAL SPECIALTIES, INC.					<i> </i>								
Principal Place 1602 N FLOR TAMPA FL 33 US		1602	Mailing Address 1602 N FLORIDA AVE TAMPA FL 33602 US											
2. Principal F	Place of Business	3. Mail	3. Mailing Address									BIANI BIA		
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			1	C	⊐ сн	ECK H	ERE IF	MAKIN	IG CH/	ANGES	
City & Stat	e ·	City	City & State			4.	FEI Number	59-	2973	005				plied For
Zip	Country	Zip	ip Country			5.	Certificate o	of Statu	ıs Desir	ed		\$8. Fee	75 Add Required	litional d
	6. Name and Address of Curren	t Registere	d Agent			7.	Name and A	Addres	s of N	ew Re	gisterec	l Agen	1	
WDICHT	FRANK H PRES.				Name									
	LORIDA AVE				Street Address	(P.O.	Box Number	is Not	Accep	table)				
TAMPA FL				}										
17300 771	,				City			-			F		Zip Code	e
8. The above the obligat	named entity submits this statement rions of registered agent.	for the purp	ose of changing its	registere	ed affice or registe	ered a	gent, or both	, in the	State	of Flori	da. I an	n famili	ar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered aga	nt and title if appl	licable. (NOTE	E: Registered	Agent signature require	ed when	reinstating)				DATE			
	ILE NOW!!! FEE IS \$150.00						T							
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department						9. Elec Trus		ampaig Contril				\$5.0 Added	0 May Be I to Fees
10.	OFFICERS ANI	DIRECTO	RS	11.		A	DDITIONS/C	HANC	SES TO	OFFIC	ERS AN	ID DIR	ECTOR	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PDS WRIGHT, FRANK H. 118 MARTINQUE STREET TAMPA FL		☐ Delete		ł								Change	☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: