

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90003 028 \*\*\*150.00

**DOCUMENT # P00000013136**

1. Entity Name

**PRN MEDICAL EQUIPMENT & SUPPLIES, INC.**

Principal Place of Business

Mailing Address

~~2401 PGA BLVD.~~  
~~SUITE 272~~  
~~PALM BEACH GARDENS FL 33410~~

~~2401 PGA BLVD.~~  
~~SUITE 272~~  
~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business

3. Mailing Address

160 Tony Penna Dr.

same 160 Tony Penna Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Office #3

Office #3

City & State

City & State

Jupiter, FL

Jupiter FL

Zip

Country

Zip

Country

33458

USA

33458

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, ROBERT LEE**  
**2401 PGA BLVD.**  
**SUITE 272**  
**~~PALM BEACH GARDENS FL 33410~~**

Name

Amy Smith

Street Address (P.O. Box Number is Not Acceptable)

160 Tony Penna Dr

#3

City

Jupiter

FL

Zip Code

33458

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

Amy Smith

4/30/01

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, 2001 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAPIRO, ROBERT LEE</b>	
STREET ADDRESS	<b>2401 PGA BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Amy Smith</u>	
STREET ADDRESS	<u>160 Tony Penna Dr #3</u>	
CITY-ST-ZIP	<u>Jupiter, FL 33458</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Amy Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

561-743-5705

Daytime Phone #

CR2E034 (10/00)