

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014910

1. Entity Name  
**RELIANT MEDICAL SUPPLIES, INC.**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90038 030 \*\*\*150.00

Principal Place of Business

4092 SIERRA TERRACE  
SUNRISE FL 33351

Mailing Address

4092 SIERRA TERRACE  
SUNRISE FL 33351

2. Principal Place of Business

2670 N. University DR  
Suite, Apt. #, etc.  
#206

3. Mailing Address

P.O. Box 451641  
Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33322

Country

U.S.A.

Zip

33345

Country

U.S.A.

4. FEI Number

65-0982966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Judith Carter

Street Address (P.O. Box Number is Not Acceptable)  
2670 N. University DR

#206

City Sunrise

FL

Zip Code

33322

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

*Judith Carter*

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

(NOTE: Registered Agent signature required when re-appointing)

4/23/01

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CARTER, JUDITH A	
STREET ADDRESS	4092 SIERRA TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director of Account Services	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH CARTER	
STREET ADDRESS	2670 N. University DR #206	
CITY-ST-ZIP	Sunrise FL 33322	
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:

*Judith Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 954-741-7447

Date

Daytime Phone #

CR2E034 (10/00)