Amended

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

142

DOCUMENT # P00000035132

FILED

02 JUN 14 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED 2002 UBR

1. Entity Name

JEFFERSON MEDICAL SUPPLY & SERVICES, INC.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 15006 NW 87th Court | 15006 NW 87th Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Florida | City & State: Miami, FL |
| Zip: 33018 Country: Dade | Zip: 33018 Country: Dade |

4. FEI Number: 65-0992780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TANIA VALDES

Street Address (P.O. Box Number is Not Acceptable): 15006 NW 87th Court

City: Miami FL Zip: 33018

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: Tania Valdes — Tania Valdes — June 13, 2002

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) ☐

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
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: P/D<br>NAME: Tania Valdes<br>STREET ADDRESS: 15006 NW 87th Court<br>CITY-ST-ZIP: Miami, Fl 33018 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE: S<br>NAME: Tania Valdes<br>STREET ADDRESS: 15006 NW 87th Court<br>CITY-ST-ZIP: Miami, FL 33018 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000005767540--7 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tania Valdes — President — (305) 828-1027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 623920 80508A

AUTHORIZATION : Patricia Pyjet

COST LIMIT : $ 61.25

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ORDER DATE : June 14, 2002

ORDER TIME : 1:0 PM

ORDER NO. : 623920-005

CUSTOMER NO: 80508A

CUSTOMER: Ms. Barbara Nichols
Bruce L. Hollander, P.a.
Penthouse C
901 South State Road 7
Hollywood, FL 33023

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ANNUAL REPORT FILING

RECEIVED
02 JUN 14 PM 2:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: JEFFERSON MEDICAL SUPPLY & SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: _____