

Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000035132

1. Entity Name

JEFFERSON MEDICAL SUPPLY & SERVICES, INC.

FILED

02 JUN 14 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED 2002 UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15006 NW 87th Court

3. Mailing Address

15006 NW 87th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, FL

4. FEI Number

65-0992780

Applied For

Not Applicable

Zip

33018

Country

Dade

Zip

33018

Country

Dade

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

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

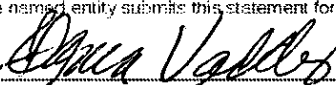
FL

Zip 33018

DO NOT WRITE
IN THIS SPACE

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

June 13, 2002

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

(NOTE: Registered Agent signature required when reappointing)

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
NAME Tania Valdes
STREET ADDRESS 15006 NW 87th Court
CITY- ST- ZIP Miami, FL 33018

TITLE OS
NAME Tania Valdes
STREET ADDRESS 15006 NW 87th Court
CITY- ST- ZIP Miami, FL 33018

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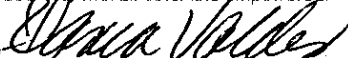
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:



President

(305) 828-1027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



282

ACCOUNT NO. : 072100000032

REFERENCE : 623920 80508A

AUTHORIZATION :

Patricia Pajot

COST LIMIT : \$ 61.25

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

ANNUAL REPORT FILING

NAME: JEFFERSON MEDICAL SUPPLY &
SERVICES, INC.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: _____