

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90148 025 ***150.00

DOCUMENT # P00000036337

1. Entity Name
MEDSUPPLIES.NET, INC.



Principal Place of Business
**915 NORTHEAST JENSEN BEACH BOULEVARD
JENSEN BEACH FL 34957**

Mailing Address
**915 NORTHEAST JENSEN BEACH BOULEVARD
JENSEN BEACH FL 34957**

2. Principal Place of Business

**7897 SW JACK JAMES DR
SUITE C**

3. Mailing Address

**7897 SW JACK JAMES DR
SUITE C**

City & State
STUART FL

City & State
STUART FL

Zip
34997

Country
MARTIN

Zip
34997

Country
MARTIN

4. FEI Number **65-0998803**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FARACH, MANUEL ESQ.
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **HOPEK, MARTIN J**
STREET ADDRESS **915 NORTHEAST JENSEN BEACH BOULEVARD**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7897 SW JACK JAMES DRIVE SUITE C**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 772-463 5944

Date

Daytime Phone #

CR2E034 (10/02)