2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000036337

1. Entity Name

MEDSUPPLIES.NET, INC.



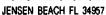
Principal Place of Business

SIGNATURE:

915 NORTHEAST JENSEN BEACH BOULEVARD JENSEN BEACH FL 34957

Mailing Address

915 NORTHEAST JENSEN BEACH BOULEVARD





04-18-2003 90148 025 ***150.00

Principal Place of Business 3. Mailing Address															
7897	15W .	JACK JAMES DR	7897 SW Jack Suite, Apt. #, etc.	Jan	185 DI	<u> </u>				<i>* ·</i> .					
Suite, Apt.	7.			☐ CHECK HERE IF MAKING CHANGES											
SUITE C City & State STUART FL			SUITE C City & State STUART		FL		4. FE	4. FEI Number 65-0998803				Applied Not Appl			
Zip34997 Country MARTIN			^{Zip} 34997	Coun	Country AL		5. C	5. Certificate of Status Desired				S8.75 Additional Fee Required			
	6. Name	and Address of Current Re	gistered Agent				7. Na	ame and A	ddress	of New R	egistered	Agent			
FARACH, MANUEL ESQ. NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.						Name									
						Street Address (P.O. Box Number is Not Acceptable)									
		AKES BLVD., SUITE 1200													
												1			
WEST PALM BEACH FL 33401						City FL						L Zip Ci	Zip Code		
		submits this statement for the	e purpose of changing its	s register	ed office or	registere	ed agei	nt, or both,	in the S	tate of Flo	rida. Lam	n familiar wit	h, and acc	ept	
the obligat	tions of regist	ered agent.	*											I	
SIGNATURE .															
CAGINATIONE .	Signature typed	or printed name of registered agent and	title if applicable. (NOT	E: Registere	d Agent signati	periuper en	when rein	nstating)			DATE				
F Afte	ILE NOW!! , May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department of S								paign Fin ontribution	_		.00 May Eded to Fees		
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12. I hereby coindicated of the corp	ertify that the on this report poration or the	e information supplied with the tor supplemental report is true e receiver or trustee empower	s filing does not qualify fo le and accurate and that re ered to execute this report	r the exe my signat as requi	mption stat ure shall hared by Cha	ed in Sec ave the s pter 607,	ction 1 ame le Florida	19.07(3)(i) gal effect a a Statutes;	Florida s if mac and that	Statutes, I e under o my name	further co ath; that i appears	ertify that the am an offic in Block 10	e informatio er or direct or Block 1	n or 1 if	