

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90201 010 \*\*\*150.00

**DOCUMENT # P00000038813**

1. Entity Name

**R.C.A. MEDICAL SUPPLY, INC.**

Principal Place of Business

**3600 S STATE ROAD 7  
 208  
 MIRAMAR FL 33023**

Mailing Address

**3600 S STATE ROAD 7  
 208  
 MIRAMAR FL 33023**

2. Principal Place of Business

**9000 SHERIDAN STREET**

3. Mailing Address

**9000 SHERIDAN STREET**

Suite, Apt. #, etc.

**SUITE 151**

Suite, Apt. #, etc.

**SUITE 151**

City & State

**PEMBROKE PINES, FLORIDA**

City & State

**PEMBROKE PINES, FLORIDA**

Zip

**33024**

Country

**U.S.A.**

Zip

**33024**

Country

**U.S.A.**

4. FEI Number

**65-1117819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS M**

**21432 NW 40TH CIRCLE COURT  
 MIAMI FL 33055**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **SANCHEZ, CARLOS M**  
 STREET ADDRESS **3600 S STATE ROAD 7 SUITE 208**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

**CARLOS SANCHEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/23/02 (954) 602-2062**

CR2E034 (4/02)

Attachment  
#P00000038813

To Whom it may concern:

R.C.A. Medical Supply did not receive the original application for corporation renewal. Enclosed is a check for the original amount of \$150.00. Should you have any questions concerning this matter please call toll free at 1-888-241-9332.

Thank You,

*Carlos Sanchez*  
Carlos Sanchez