2001 UNIFORM BUSINESS REPORT (UBR)

03-07-2001 90006 007 ***150.00
P00000059219

FILED
01 MAR -7 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059219

1. Entity Name
GRAND MEDICAL SUPPLY INC.

Principal Place of Business	Mailing Address
7331 CORAL WAY SUITE 275 MIAMI FL 33155	7331 CORAL WAY SUITE 275 MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
1254 EAST 4 AVE	1254 EAST 4 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HEALEACH, FL	City & State: HEALEACH, FL
Zip: 33010 Country	Zip: 33010 Country

amended

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1018234 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JUAN C
7331 CORAL WAY
SUITE 275
MIAMI FL 33155

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.

SIGNATURE x [signature] 02/6/01
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 $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: PSD NAME: FERNANDEZ, JUAN C STREET ADDRESS: 7331 CORAL WAY SUITE 275 CITY-ST-ZIP: MIAMI FL 33155	☐ Delete	TITLE: VICEPRESIDENT NAME: MARIANO O. HIDALGO STREET ADDRESS: 1254 E. 4 AVE CITY-ST-ZIP: Hialeah FL 33010 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: x [signature] JUAN C. FERNANDEZ. x 2/6/01 (305) 8839773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/9