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FILED
May 18, 2001 8:00 am
Secretary of State

04-19-2001 90061 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077375

1. Entity Name: MDSuperCenter, Inc.

Principal Place of Business	Mailing Address
105 S.Moon Ave Brandon.FL33511	PO Box 1697 Brandon, FL33509

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
105 S. Moon Ave	PO Box 1697	59-3064135	☐ Applied For / ☐ Not Applicable
Suite, Apt. #, etc.: Brandon FL	Suite, Apt. #, etc.:	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State:	City & State: Brandon FL33509		
Zip: 33511 Country: USA	Zip: 33509 Country: USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Speigel & Utrera, P.A. 343 Almeria Ave Coral Gables, FL 33134	Name: Christina High Street Address (P.O. Box Number is Not Acceptable): 105 S. moon ave City: Brandon FL Zip Code: 33511

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: [signature], President — DATE: 04/12/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barbara High 257 West Brandon Blvd Suite 105 Brandon, FL 33511 Sec. Tres. Director ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christina High 105 S. moon ave. Brandon FL 33511 President ☐ 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
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CR2E034 (11/00)

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: [signature] — Date: 04/12/01 — Daytime Phone #: 727-798-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR