

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 017 ***150.00

DOCUMENT # P00000077474
1. Entity Name
FIRST CHOICE MEDICAL SUPPLIES, INC.

Principal Place of Business 637 NW 13TH STREET GAINESVILLE FL 32601	Mailing Address 637 NW 13TH STREET GAINESVILLE FL 32601
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2. Principal Place of Business 637 NW 13TH STREET Suite, Apt. #, etc.	3. Mailing Address 637 NW 13TH STREET Suite, Apt. #, etc.
City & State GAINESVILLE, FL Zip 32601 Country USA	City & State GAINESVILLE, FL Zip 32601 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3668440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
RAMADAN, A. MONIEM
637 NW 13TH STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent
Name MANAL K. RAMADAN
Street Address (P.O. Box Number is Not Acceptable)
637 NW 13TH STREET
City GAINESVILLE **FL** **Zip Code** 32601

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 MANAL K. RAMADAN, PRESIDENT
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)



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

11. OFFICERS AND DIRECTORS	
TITLE P	NAME RAMADAN, A. MONEIM
STREET ADDRESS 637 NW 13TH STREET	CITY-ST-ZIP GAINESVILLE FL 32601
<input checked="" type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	NAME MANAL K. RAMADAN
STREET ADDRESS 637 NW 13TH STREET	CITY-ST-ZIP GAINESVILLE, FL 32601
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SECRETARY	NAME FAYEZ A. RAMADAN
STREET ADDRESS 637 NW 13TH STREET	CITY-ST-ZIP GAINESVILLE, FL 32601
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANAL K. RAMADAN
Date 4/30/02 **Daytime Phone #**

CR2E034 (9/01)