

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90246 027 ***150.00

DOCUMENT # *P01000018746*

1. Entity Name

Florida Medical Supplies, Inc.



DO NOT WRITE IN THIS SPACE

10025724

2. Principal Place of Business

2400 SE MIDPOINT RD

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

2400 SE MIDPOINT RD.

Suite, Apt. #, etc.

Suite 200

City & State

PORT ST. LUCIE

City & State

PORT ST. LUCIE

4. FEI Number

65-1081084

Applied For

Not Applicable

Zip

34952

Country

ST. LUCIE

Zip

34952

Country

ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Huneycutt

Street Address (P.O. Box Number is Not Acceptable)

2051 SE PYRAMID ROAD

City

PORT ST LUCIE

FL

Zip Code

34952

**DO NOT WRITE
IN THIS SPACE**

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

John Huneycutt / President

2/18/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT
John Huneycutt
2051 SE PYRAMID RD
PORT ST. LUCIE FL 34952*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VICE PRESIDENT / GEN. MGR
Eileen Huneycutt
2051 SE PYRAMID RD
PORT ST LUCIE FL 34952*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Huneycutt / President

2/18/03

Date

772-398-6810

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)