

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000026016

1. Entity Name

BI-COUNTY MEDICAL SUPPLY, INC.



Principal Place of Business

230 N. DIXIE HWY
BAY 22
HOLLYWOOD FL 33020

Mailing Address

230 N. DIXIE HWY
BAY 22
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1085369

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ-BATTE, CARLOS
230 N DIXIE HWY
BAY 22
HOLLYWOOD FL 33020

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME DIAZ-BATTE, CARLOS
STREET ADDRESS 3600 S STATE ROAD #7 SUITE 17
CITY - ST - ZIP MIRAMAR FL 33023

TITLE ☐ Change ☐ Addition
NAME U00000057685
STREET ADDRESS 02/19/04-80071-014 158.75
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR
CARLOS DIAZ

Date 2/09/04 Daytime Phone # 954 920 9997