

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90066 042 ***150.00

DOCUMENT # P01000033290

1. Entity Name
NATIONAL MEDICAL SUPPLY CO.

Principal Place of Business
1005 W STATE RD 84 STE 107
FT LAUDERDALE FL 33315

Mailing Address
1005 W STATE RD 84 STE 107
FT LAUDERDALE FL 33315

2. Principal Place of Business
2800 E. Commercial Blvd.

3. Mailing Address
2800 E Commercial Blvd

Suite, Apt. #, etc.
Suite 213

Suite, Apt. #, etc.
Suite 213

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33308

Country
Broward

Zip
33308

Country
Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1144358**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, HILDA L
1005 W STATE RD 84 STE 107
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name **Anthony, James P.**
Street Address (P.O. Box Number is Not Acceptable)
2800 E Commercial Blvd, Ste 213
City **Ft Lauderdale** **FL** **Zip Code** **33308**

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 *James P. Anthony*
Signature typed or printed name of registered agent and title if applicable.

James P. Anthony
(NOTE: Registered Agent signature required when reinstating)

4-26-02
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, 2002 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

TITLE **DPS** ☒ **Delete**
NAME **JOHNSON, HILDA L**
STREET ADDRESS **1005 W STATE RD 84 STE 107**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ **Change** ☐ **Addition**
NAME **Anthony, James P.**
STREET ADDRESS **2800 E Commercial Blvd, Ste 213**
CITY-ST-ZIP **Ft Lauderdale FL 33308**

TITLE ☐ **Change** ☒ **Addition**
NAME **James P. Anthony**
STREET ADDRESS **2800 E Commercial Blvd Ste 213**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James P. Anthony* **James P. Anthony** **4-26-02** **954-229-2601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)