

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90203 025 ***150.00

DOCUMENT # P01000065637

1. Entity Name
ALEXA MEDICAL SUPPLY CORPORATION

Principal Place of Business
**3215 SOUTH OCEAN BLVD.
 SUITE 706
 HIGHLAND BEACH FL 33487**

Mailing Address
**3215 SOUTH OCEAN BLVD.
 SUITE 706
 HIGHLAND BEACH FL 33487**

00000576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1050 Coconut Rd
 Suite, Apt. #, etc.

3. Mailing Address
1050 Coconut Rd
 Suite, Apt. #, etc.

City & State
Boca Raton FL
 Zip **33432** Country **U.S.A.**

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Boca Raton FL
 Zip **33432** Country **U.S.A.**

4. FEI Number
65-1121127
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ALAN C. KAUFMANN & ASSOCIATES PA
 THE PLAZA, SUITE 1102
 5355 TOWN CENTER RD
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
 Name **Laura A. Krause**
 Street Address (P.O. Box Number is Not Acceptable)
1050 Coconut Rd
 City **Boca Raton FL** Zip Code **33432**

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 *Laura A. Krause* **Laura A. Krause, President** **1-24-02**
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)

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 NAME STREET ADDRESS CITY-ST-ZIP | President Laura A. Krause 1050 Coconut Rd Boca Raton FL 33432 <input type="checkbox"/> Delete |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Laura A. Krause 1050 Coconut Rd Boca Raton FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Laura A. Krause* **Laura A. Krause** **1-24-02** **561-447-0404**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)