FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90011 042 ***150.00

80125859

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078607

1. Entity Name
ALL SERVICE MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
~~625 SE 2ND AVE SUITE B~~	~~625 SE 2ND AVE SUITE B~~
~~BOYNTON BEACH, FL 33435~~	~~BOYNTON BEACH, FL 33435~~

[redacted]

2. Principal Place of Business	3. Mailing Address
906 South Federal Hwy	906 South Federal Highway
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33435 Country: Palm Bch	Zip: 33435 Country: Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-~~1004902~~ 1128321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGUANZO-MARTIN, ROSELIA
~~625 SE 2ND AVE SUITE B~~
~~BOYNTON BEACH, FL 33435~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
906-B South Federal Hwy
City Boynton Beach FL Zip Code 33435

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 Roselia Inguanzo-Martin 03-28-03
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, 2003 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		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition
TITLE	D		TITLE		
NAME	INGUANZO-MARTIN, ROSELIA		NAME		
STREET ADDRESS	625 SE 2ND AVE SUITE B		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Roselia Inguanzo-Martin 03-28-03 5617380805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Roselia Inguanzo-Martin 06-05-03