

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-901#1013 \$150.00-\$150.00

0047641
27

DOCUMENT # P01000081284

1. Entity Name

PACIFIC MEDICAL SUPPLY INC.



03 JUL 31 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7575 WEST FLAGLER ST.
SUITE 202 A
MIAMI FL 33144

Mailing Address
7575 WEST FLAGLER ST.
SUITE 202 A
MIAMI FL 33144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1135357

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

MORALES, LARRY
9035 S.W. 36TH ST
MIAMI FL 33165

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORALES, LARRY	
STREET ADDRESS	9035 S.W. 36 ST	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/03

Date Daytime Phone #

CP2E034 (4/03)

7/31

ATTN: JUSTIN

COPY

July 17, 2003

PACIFIC MEDICAL SUPPLY INC.
7575 WEST FLAGLER ST.

SUITE 202 A

MIAMI, FL 33144

FEIN # 65-1135357

REF: ANNUAL REPORT

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS
UNINTENTIONAL DUE TO THE FACT I NEVER RECEIVED THE ANNUAL
REPORT. IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE FINDLY
APPRECIATED.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE CONTACT MY
ACCOUNTANT, LADISLAO VIGO AT (305)-266-1812. THANK YOU

SINCERELY,



LARRY MORALES
PRESIDENT OF PACIFIC MEDICAL SUPPLY INC.