

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90177 014 \*\*\*155.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P01000099482

**1. Entity Name**

Dartmouth Medical Equipment and Supply, Inc.



00122000

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
920 Cypress Wood Ct.

Suite, Apt. #, etc.

**3. Mailing Address**  
920 Cypress Wood Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Winter Springs, Florida

**City & State**  
Winter Springs, Florida

**4. FEI Number** 593750462

**Applied For**  
Not Applicable

**Zip**  
32708

**Country**  
USA

**Zip**  
32708

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Christopher Gregory Foppiani

**Street Address (P.O. Box Number is Not Acceptable)**

920 Cypress Wood Ct.

**City** Winter Springs

**FL** **Zip Code**  
32708

**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**

*Chris Foppiani*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

5/21/03

DATE

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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**  
**NAME** President-Christopher Gregory Foppiani  
**STREET ADDRESS** 920 Cypress Wood Ct.  
**CITY- ST- ZIP** Winter Springs, FL 32708

**TITLE**  
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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Chris Foppiani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/03

DATE

Day/9th Phone #

CR2E034B (12/02)