

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P010000167859**

1. Entity Name

P.A. Medical Supplies, Inc

FILED

02 JUN 26 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

4695 W. Flagler
Suite, Apt. #, etc.**4695 W Flagler**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

miami, FL**miami, FL**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee RequiredZip **33134**Country **USA**Zip **33134**Country **USA**

7. Name and Address of Current Registered Agent

Name

Yoel Dominguez

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

4695 W Flagler St

City

miami

FL

Zip Code

33134**DO NOT WRITE
IN THIS SPACE**

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

Signature (hand or printed name of registered agent and date if not applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so. ☐
(See criteria on back)January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Yoel Dominguez 4695 W Flagler St miami, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006259559--1 -07/08/02--01090--006 ****\$550.00 ****\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 this 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 on an attachment with an address with a street like abbreviation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary