

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109859

1. Entity Name  
P & A MEDICAL SUPPLIES, INC

Principal Place of Business  
4695 WEST FLAGLER  
MIAMI FL 33134

Mailing Address  
4695 WEST FLAGLER  
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1154467

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITA, ARMANDO  
4695 WEST FLAGLER  
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: Yoel Dominguez  
Street Address (P.O. Box Number is Not Acceptable): 4695 West Flagler ST  
City: Miami FL Zip Code: 33134

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: *Yoel Dominguez*

(NOTE: Registered Agent signature required when reinstating)

9/30/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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: D  
NAME: PITA, ARMANDO  
STREET ADDRESS: 6720 SW 152 PLACE  
CITY-ST-ZIP: MIAMI FL 33193 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: Yoel Dominguez  
STREET ADDRESS: 4695 West Flagler ST  
CITY-ST-ZIP: Miami, FL 33134

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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:

*Yoel Dominguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

(305) 774-0470

Date Daytime Phone #

FILED  
Oct 03, 2002 8:00 am  
Secretary of State

09-16-2002 90128 001 \*\*\*500.00  
09-16-2002 90128 002 \*\*\*58.75

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)