

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 022 ***150.00

DOCUMENT # **P01000113683**

1. Entity Name
P AND N MEDICAL SUPPLY, INC.



Principal Place of Business
**7601 WEST FLAGLER ST.
SUITE 204
MIAMI FL 33144**

Mailing Address
**7601 WEST FLAGLER ST.
SUITE 204
MIAMI FL 33144**



2. Principal Place of Business
7601 W Flagler St
Suite, Apt. #, etc.
204
City & State
Miami

3. Mailing Address
7601 W Flagler St
Suite, Apt. #, etc.
204
City & State
Miami

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1156389** Applied For
Not Applicable

Zip **33144** County **Dade** Zip **33144** County **Dade**

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

**PENA, PABLO
7601 WEST FLAGLER ST.
SUITE 204
MIAMI FL 33144**

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

[Signature]
Registered Agent signature required when reinstating)

4/27/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PENA, PABLO	7601 WEST FLAGLER ST.	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 empowerments.

SIGNATURE: **Pablo Pena**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 Date
(786) 2293413 Daytime Phone #

CR2E034 (10/02)