

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90101 048 ***150.00

DOCUMENT # P02000001726

1. Entity Name
CANAAN MEDICAL SUPPLY, INC.



Principal Place of Business
**8230 NW SOUTH RIVER DRIVE
MEDLEY FL 33166**

Mailing Address
**8230 NW SOUTH RIVER DRIVE
MEDLEY FL 33166**



2. Principal Place of Business

8230 N.W. South River DRIVE
Suite, Apt. #, etc.

3. Mailing Address

8230 N.W. South River DRIVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MEDLEY, FL

Zip
33166

Country
MIAMI - DADE

City & State
MEDLEY, FL

Zip
33166

Country
MIAMI - DADE

4. FEI Number
01-0552536

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, JORGE L
8230 NW SOUTH RIVER DRIVE
MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name

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

8230 N.W. South River DRIVE

City

MEDLEY

FL

Zip Code

33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

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

TITLE **D** ☐ Delete
NAME **HERNANDEZ, JORGE L**
STREET ADDRESS **6544 SW 1145TH PLACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Jorge Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/03 305-8883-824

CR2E034 (10/02)