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

DOCUMENT # P02000003623

1. Entity Name

DL MEDICAL SUPPLIES, INC.



FILED

03 DEC 10 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03
MRB

2. Principal Place of Business
6555 NW 36 ST.

Suite, Apt. #, etc.

STE: 204

City & State

MIAMI, FL

Zip
33166

Country

3. Mailing Address
6555 NW 36 ST.

Suite, Apt. #, etc.

STE: 204

City & State

MIAMI, FL

Zip
33166

Country

4. FEI Number 04-3587783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LUIS M. CALVO

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

6555 NW 36 ST. STE: 204

City MIAMI

FL

Zip Code
33166

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, print the name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
STREET ADDRESS
CITY - ST - ZIP

(D) LUIS M. CALVO
6555 NW 36 ST. STE: 204
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300025737123
12/24/03--01004--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(D) DUNIESKY YANNELLI
6555 NW 36 ST. STE: 204
MIAMI, FL 33166

TITLE
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CITY - ST - ZIP

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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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

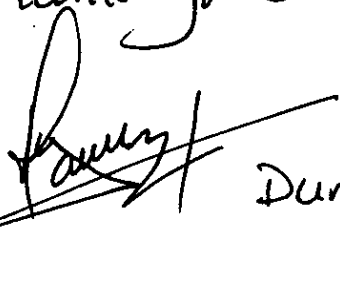
CR2ED348 (12/03)

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To whom it may concern:

Due to a change of address I never
got the 2003 UBR. Please waive the late
fee to update my Corp.

Thank you



Duniesky Yannelli