

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90277 022 \*\*\*150.00

DOCUMENT # P02000007577

1. Entity Name

H&A MEDICAL SUPPLIES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1840 West 49th Street

Suite, Apt. #, etc.

Suite 722

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

3. Mailing Address

1840 West 49th Street

Suite, Apt. #, etc.

Suite 722

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ANETTE VARGAS

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

1840 West 49th Street

Suite 722

City

Hialeah

FL

Zip Code  
33012

**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

*Anette Vargas*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 12, 2003

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/P/S/T	Anette Vargas	1840 West 49th Street, #722	Hialeah, FL 33012
V	Nivell Angulo	1840 West 49th Street, #722	Hialeah, FL 33012

**DO NOT WRITE  
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 fee empowered.

SIGNATURE:

Nivell Angulo

February 12, 2003

(305)231-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)