

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0424085 AV

05-05-2003 91453 032 ***150.00

DOCUMENT # P02000021814

1. Entity Name
MED DISTRIBUTORS, INC.



Principal Place of Business
**6479 NIKKI WAY
LAKE WORTH FL 33467**

Mailing Address
**6479 NIKKI WAY
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

6479 Nikki Way
Suite, Apt. #, etc.

6479 Nikki Way
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number
03-0402719

Applied For
☐ Not Applicable

Zip
33467

Country
USA

Zip
33467

Country
USA

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

**VELEZ, ADRIANA
6479 NIKKI WAY
LAKE WORTH FL 33467**

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

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

(NOTE: Registered Agent signature required when reinstating)

4-30-03
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 ☐ Delete
D VELEZ, ADRIANA
STREET ADDRESS
CITY-ST-ZIP
**6479 NIKKI WAY
LAKE WORTH FL 33467**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

561-432-1746

Date

Daytime Phone #

CR2E034 (10/02)