

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000023262

FILED
Jan 07, 2003
Secretary of State

Entity Name: DURAMED MOBILITY OF FLORIDA, INC.

Current Principal Place of Business:

6028 CHESTER AVENUE
SUITE 105
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6028 CHESTER AVENUE
SUITE 105
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 30-0063918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, CHRIS D
6028 CHESTER AVENUE
SUITE 105
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: WOOD, CHRIS D
Address: 6028 CHESTER AVE STE 105
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Change (X) Addition
Name: DIRLAM, DAVID
Address: 404 BUTTERNUT DRIVE
City-St-Zip: VESTAL, NY 13850

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS D. WOOD

PRES

01/07/2003

Electronic Signature of Signing Officer or Director

Date