

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90068 047 \*\*\*150.00

<b>DOCUMENT # P02000057746</b> 1. Entity Name <b>DISTRI-MED, INC.</b>					
Principal Place of Business <b>3111 NW 114TH TERRACE CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3111 NW 114TH TERRACE CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>043703686</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>QUINOY, HELEN M 3111 NW 114TH TERRACE CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Helen M. Quinoy</u> Helen M. Quinoy 5/15/03 954-753-8510 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)

Attachment

May 15, 2003

90136804  
PO2000057746

Distri-Med, Inc.  
3111 N.W. 114 Terrace  
Coral Springs, FL 33065

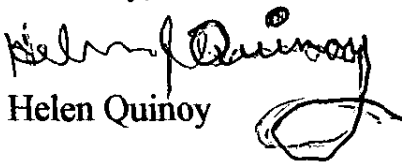
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I spoke with an employee from your office today about filing my first UBR form. I was not aware that the form needed to be filed by May 1, as I did not receive my form in the mail. I had a false impression that the form had to be filed on the anniversary date of the corporation.

I am enclosing my completed form and a check for \$150.00 as instructed.  
Thank you for your kind assistance in this matter.

Sincerely,

  
Helen Quinoy