

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90130 040 \*\*\*150.00

**DOCUMENT # P02000059412**

**1. Entity Name**  
**EASY MEDICAL SUPPLY, INC.**



**Principal Place of Business**  
**11117 W OKEECHOBEE RD. STE 211**  
**HIALEAH GARDENS FL 33018**

**Mailing Address**  
**11117 W OKEECHOBEE RD. STE 211**  
**HIALEAH GARDENS FL 33018**

**2. Principal Place of Business**

**3. Mailing Address**

*11117 W. Okeechobee Rd*  
Suite, Apt. #, etc.  
*210*

*11117 W. Okeechobee Rd*  
Suite, Apt. #, etc.  
*210*

City & State  
*Hialeah Gardens, FL*

City & State  
*Hialeah Gardens, FL*

Zip  
*33018* Country

Zip  
*33018* Country

**4. FEI Number**  
*01-0703498*

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROMERO, EDUARDO R**  
**11117 W OKEECHOBEE RD, STE 211**  
**HIALEAH GARDENS FL 33018**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROMERO, EDUARDO R 12315 SW 42 ST MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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

*02-06-03* *(305) 822-7977* *(786) 326-8923*

Date Daytime Phone #

CR2E034 (10/02)