

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90351 005 ***150.00

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DOCUMENT # P02000074612

1. Entity Name

VOLUSIA MEDICAL SUPPLY, INC.



Principal Place of Business

369 BILL FRANCE BLVD
DAYTONA BEACH FL 32114

Mailing Address

369 BILL FRANCE BLVD
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

369 BILL FRANCE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

369 BILL FRANCE BLVD

DAYTONA BEACH

City & State

City & State

DAYTONA BEACH - FL

FL 32114

Zip

Country

Zip

Country

32114

USA

32114

4. FEI Number

VZ 16-1624-137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11036796



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZIZ, LAIKHUNNISA
275 GALA CIR
DAYTONA BEACH FL 32124

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)

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
STREET ADDRESS
CITY-ST-ZIP
LAIKHUNNISA AZIZ
PRESIDENT
275 GALA CIRCLE DAYTONA BEACH
FL 32124

☐ Delete

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

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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

4/28/03

386-947-8525

Date

Daytime Phone #

CP2E034 (10/02)