

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91081 014 \*\*\*150.00

**DOCUMENT # P02000083405**



1. Entity Name  
**A D MEDICAL SUPPLIES, INC.**

Principal Place of Business  
**628 E. 48TH STREET  
HIALEAH FL 33013**

Mailing Address  
**628 E. 48TH STREET  
HIALEAH FL 33013**

2. Principal Place of Business  
**1840 W. 49TH ST.  
Suite, Apt. #, etc.  
220-12**

3. Mailing Address  
**1840 W. 49TH ST  
Suite, Apt. #, etc.  
220-12**

City & State  
**HIALEAH, FLORIDA**

City & State  
**HIALEAH, FLORIDA**

Zip  
**33012**

Country  
**MIAMI DADE**

Zip  
**33012**

Country  
**MIAMI DADE**

4. FEI Number  
**55-0789246**

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

**MORALES, ARALYT  
628 E. 48TH STREET  
HIALEAH FL 33013**

## 7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

03-11-2003

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MORALES, ARALYT</b>
STREET ADDRESS	<b>628 E. 48TH STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11/03

305-231-6353

Date

Daytime Phone #

CR2E034 (10/02)