FILED
Sep 10, 2003 8:00 am
Secretary of State

08-11-2003 90284 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P02000090294

1. Entity Name
FLORIDIAN MEDICAL SUPPLY INC.

Principal Place of Business	Mailing Address
1140 NE 163RD STREET SUITE 23 NORTH MIAMI BEACH FL 33162	1140 NE 163RD STREET SUITE 23 NORTH MIAMI BEACH FL 33162

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 30-0106098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIMMER, JUAN 21453 NW 39 AVE MIAMI FL 33055	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	PD DIMMER, JUAN 21453 NW 39 AVE MIAMI FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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   8/6/03   (305) 944-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

550561176

[redacted]

#P02000090894

To: Florida Department of State
From: Floridian Medical Supply

I am sending a check for $150 for my uniform business report due to the fact that I received the claim letter past the due date.

Pres. Juan Pablo Dimmer