2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 10, 2003 8:00 am

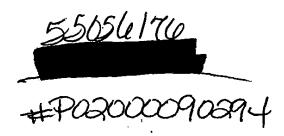
UNIFOR	M BUSINE	SS REPOR	T (UBR) _	^o Secretar	y of State	
DOCUMENT # P02000090294 1. Entity Name FLORIDIAN MEDICAL SUPPLY INC.						84 033 ***150.00	
Principal Place of Business 1140 NE 163RD STREET SUITE 23 NORTH MIAMI BEACH FL 33162		Mailing Address 1140 NE 163RD STREET SUITE 23 NORTH MIAMI BEACH FL 33162					
2. Principal Place of Business		3. Mailing Address				, A	
Suite, Apt. #, etc.		Suite, Apt. #, etc:			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 30-0106098	Applied For Not Applicable	
Zip	Country	Zíp	Country		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	The second of th	in the second	Street A		D. Box Number is Not Acceptable)		
18 F	٠		City		F	Zip Code	
the obligations of regis			registered office o		agent, or both, in the State of Florida. 1 a		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS A		
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10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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NAME	DIMMER, JUAN		NAME		(
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12. I hereby certify that the Information supplied with this filling 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 suppliementar peoprt 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 of truydee suppowered 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 additional intermediate of the composition of the receiver of truydee suppowered.								

PEQUIRED

attachment



To: Florida Department of State From: Floridian Medical Supply

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

Pres. Juan Pablo Dimmer