

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91893 024 ***150.00

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1. Entity Name
OMNICARE MEDICAL EQUIPMENT & SUPPLIES, INC.



Principal Place of Business
643 SHORE ROAD
NORTH PALM BEACH FL 33408

Mailing Address
643 SHORE ROAD
NORTH PALM BEACH FL 33408



2. Principal Place of Business
905 U.S. HIGHWAY ONE
Suite, Apt. #, etc.
STOREFRONT "C"

3. Mailing Address
643 SHORE ROAD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE PARK, FLORIDA
Zip
33403

City & State
NORTH PALM BEACH, Florida
Zip
33408

4. FEI Number
50-0007367

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

DOMB, MARVIN
643 SHORE ROAD
NORTH PALM BEACH FL 33408

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
D ☐ Delete
NAME
DOMB, MARVIN
STREET ADDRESS
643 SHORE ROAD
CITY-ST-ZIP
NORTH PALM BEACH FL 33408

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
MARVIN DOMB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03
Date

(561) 236-6911
Daytime Phone #

CR2E034 (10/02)