

FILED
May 02, 2003 8:00 am
Secretary of State


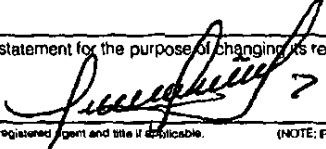

04-16-2003 90208 025 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/1



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000107786			
1. Entity Name CONTINENTAL MEDICAL SUPPLIES & SERVICES, INC.			
Principal Place of Business 1455 NW 14TH STREET MIAMI FL 33125		Mailing Address 1455 NW 14TH STREET MIAMI FL 33125	
2. Principal Place of Business 3399 NW 72 AVE Suite, Apt. #, etc. Suite 210 City & State MIA / FLORIDA. Zip 33122 Country USA		3. Mailing Address 3399 NW 72 AVE Suite, Apt. #, etc. Suite 210 City & State MIAMI / FLORIDA. Zip 33122 Country USA	
4. FEI Number 32-0035465		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRENIER, JULIO A 1455 NW 14TH STREET MIAMI FL 33125		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  (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GRENIER, JULIO A 1455 NW 14TH STREET MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRENIER, JULIO A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3399 NW 72 NO AVE. SUITE 210 33122 FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRENIER, JULIO A 1455 NW 14TH STREET MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRENIER, JULIO A. <input type="checkbox"/> Change <input type="checkbox"/> Addition 3399 NW 72 NO AVE. SUITE 210 33122 FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-11-03 (305) 418-4027. Date Daytime Phone #	

CR2F034 (10/02)