

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

05-05-2003 92184 009 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000111681

1. Entity Name

SPIRAL TECH MEDICAL SUPPLY, INC.



Principal Place of Business

16350 WOOD WALK  
MIAMI LAKES FL 33014

Mailing Address

16350 WOOD WALK  
MIAMI LAKES FL 33014

2. Principal Place of Business

15321 NW 60TH AVE SUITE 103

3. Mailing Address

15321 NW 60TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

City & State

MIAMI LAKES

City & State

MIAMI LAKES

Zip

FL

Country

33014

Zip

FL

Country

33014

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

8. Name and Address of Current Registered Agent

LLANES, MADELYN  
16350 WOOD WALK  
MIAMI LAKES FL 33014

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15321 NW 60TH AVE SUITE 103

City

MIAMI LAKES

FL

Zip Code

33014

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

TITLE PD  
NAME LLANES, MADELYN  
STREET ADDRESS 16350 WOOD WALK  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 15321 NW 60TH AVE SUITE 103  
CITY-ST-ZIP MIAMI LAKES FL 33014. ☒ Change ☐ Addition

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

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

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

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

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

APR 29/03

Date

305 (962-8414)

Daytime Phone

CR2E034 (10/02)