2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000127388

1. Entity Name



FILED Mar 03, 2003 8:00 am & Secretary of State 03-03-2003 90864 001 ***150.00

MANY MEDICAL SUPPLY, INC.										
Principal Place of Business 557 W 46 PLACE HIALEAH FL 33012 Mailing Address 557 W 46 PLACE HIALEAH FL 33012							I KODIKODI KILORIKI KINDI DOM DOM DOM ROMA		8) 18181 YOY 1881	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAR	ING CHANGE	S	
City & State			City & State			4.	FEI Number 0 4 - 372 68	(9)	Applied For	
Zip Country ,		Zip Coun			try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Register	ed Agent			7 1	Name and Address of New Registe			
A Marie and Marie of Autom Hogisteles Marie					Name					
FERNANDEZ, MANUEL JR					The state of the s					
557 W 46 PLACE				Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH				•			· · · · · · · · · · · · · · · · · · ·			
d	'e			ļ	City			FL Zip Co	ode	
the obligat	named entity submits this statement folions of registered agent.	the purp	oose of changing its re	gistere	ed office or registere	ed ag	ent, or both, in the State of Florida. I	am familiar witl	n, and accept	
SIGNATURE .					٠,	,			<u> </u>	
	Signature, typed or printed name of registered agent a	nd title if app	olicable (NOTE: F	egistered	Agent signature required	when re	einstating) DA	TE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				. ·			Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTO)R\$	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, MANUEL JR 557 W 46 PLACE HIALEAH FL 33012		□ Delete		- ·			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ı			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	্ৰ শিশি শিক্ষাকৈ মহিন্দু লাক ব কাৰ ্যক	-	☐ Delete		T ADDRESS ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		T ADDRESS ST-ŹIP		y Francisco	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
12. I hereby o	ertify that the information supplied with	this filina	does not qualify for th	e exem	nption stated in Sec	tion 1	19.07(3)(i). Fiorida 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 an other like empowered.

SIGNATURE:

TRE REQUIRED