


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

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90282 050 ***150.00

DOCUMENT # P03000007276	
1. Entity Name D & O Medical Supplies, Inc.	

DO NOT WRITE IN THIS SPACE

20041851

2. Principal Place of Business 9370 SW 72 St		3. Mailing Address 9370 SW 72 St	
Suite, Apt. #, etc. Suite275A		Suite, Apt. #, etc. Suite275A	
City & State Miami, FL		City & State Miami, FL	
Zip 33173	Country Miami-Dade	Zip 33173	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1995398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Soto Lesbia	
	Street Address (P.O. Box Number is Not Acceptable) 11102 NW 4 St	
	City Miami	FL Zip Code 33172

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 *Lesbia Soto* (NOTE: Registered Agent signature required when reinstating) DATE 04-20-05

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Soto, Lesbia 11102 NW 4 St Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lesbia Soto* 04-20-05 305 598-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)