


## 04-08-2004 90046 023 \*\*\*150.00

<b>DOCUMENT # P03000052757</b>				<b>04-08-2004 90046 023 ***150.00</b>	
<b>1. Entity Name</b> NBR MEDICAL DISTRIBUTORS, CORP.					
<b>Principal Place of Business</b> 2545 W. 80TH STREET BAY 5 HIALEAH FL 33016		<b>Mailing Address</b> 2545 W. 80TH STREET BAY 5 HIALEAH FL 33016		<b>66414764</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>MOORE CR2E034 (11/03)</b>	
City & State		City & State		<b>4. FEI Number</b> 81-0612689 <input type="checkbox"/> <b>Applied For</b> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DORESTE, SELENA 3354 W. 74TH STREET HIALEAH FL 33018				<b>7. Name and Address of New Registered Agent</b> Name: Nelson Nunez Street Address (P.O. Box Number is Not Acceptable): 3354 W. 74th Street City: Hialeah, FL Zip Code: 33018	
<b>8. The above named entry 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.</b> SIGNATURE: [Signature] (NOTE) Registered Agent signature required when reappointing. DATE: 4-5-04					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORESTE, SELENA		NAME		
STREET ADDRESS	3354 W 74TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELGADO, DALIA		NAME		
STREET ADDRESS	953 WEST 77TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARREIRO, LAZARO M		NAME		
STREET ADDRESS	953 WEST 77TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUNEZ, NELSON		NAME		
STREET ADDRESS	3354 W. 74TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, ALFREDO		NAME		
STREET ADDRESS	2545 W. 80TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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 life empowered.</b>					
<b>SIGNATURE:</b> [Signature]				45-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	