


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Oct 01, 2004 8:00 am
Secretary of State

09-01-2004 90007 034 ***150.00

DOCUMENT # P03000087082					
1. Entity Name A.M.R. MEDICAL SUPPLY INC.					
Principal Place of Business 13765 SW 154TH ST MIAMI FL 33177			Mailing Address 13765 SW 154TH ST MIAMI FL 33177		
2. Principal Place of Business 14129 SW 142 AVE		3. Mailing Address 14129 SW 142 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 06-1078495	
Zip 33186	Country U.S.A.	Zip 33186	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTIEL, RICARDO 10675 SW 6TH ST. MIAMI FL 3174			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		<small>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.</small> <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTIEL, RICARDO 10675 SW 6TH ST. MIAMI FL 33174	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u><i>R. Montiel</i></u> President			Date: <u>8/26/04</u> 305 308 0190		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

Attachment
6641341341

September 13, 2004

FL. DEPARTMENT OF STATE
ANNUAL REPORT

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION BY PHONE PLEASE CHECK YOUR RECORDS AND BE
ADVICE THAT MY CORPORATION: A.M.R. MEDICAL SUPPLY INC.

DOCUMENT #P03000087082

NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR 2004 BECAUSE I CHANGED MY
ADDRESS. PLEASE ACCEPT OUR PAYMENT OF \$150.00 AND KINDLY WAIVE ANY PENALTY
DUE TO THE FACT THAT WE NEVER RECEIVED SUCH PAPERS.

ALSO, FIND ENCLOSED THE 2004 ANNUAL REPORT.

SINCERELY,



RICARDO MONTIEL



Attachment
66434/3e1

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2004

A.M.R. MEDICAL SUPPLY INC.
14129 SW 142 AVE
MIAMI, FL 33186

Subject: A.M.R. MEDICAL SUPPLY INC.

Reference Number: **P03000087082**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number-assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.



Attachment
664/34/341

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2004

A.M.R. MEDICAL SUPPLY INC.
14129 SW 142 AVE
MIAMI, FL 33186

Subject: **A.M.R. MEDICAL SUPPLY INC.**

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/RH

ANNUAL REPORTS SECTION