2004

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # P04000113266
CLINICOL CORE SUPPLIES

05 NOV 30 PM 1:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 8100 Genova CT APT 143 C MIAMI 33166
Mailing Address

REINSTATEMENT 05

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8100 Geneva CT	Same
Suite, Apt. #, etc. Apt 143 C	Suite, Apt. #, etc. Sams
City & State MIAMI - FL.	City & State Sam
Zip 33166 Country U.S.A.	Zip Sam Country

4. FEI Number 42-1640426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name GUADALUPE GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable) 6900 S.W 107 AVE Suit 3B
City MIAMI FL Zip Code 33176

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] Sept-23-2005
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, 2005 Fee will be $550.00
Amended UBR $61.25
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Marco Aurelio Cantiva 8100 Genova Court 143 C Miami Florida 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060203250 10/04/05--01012--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Roberts NOV 30 2005
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CR2E034 (10/02)

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] PRESIDENT Sept 23/2005 (305) 4189183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Roberts OCT 27 2005

Miami, Fl September 23 2005

Department of State
Division of Corporations
Uniform Business Report
P. O. BOX 1500
Tallahassee, Fl 32302-1500

REF: CLINICAL CARE SUPPLIES, INC
DOCUMENT NUMBER P04000113266

Dear Sir or Madam:

I wish to inform you that I never received the 2005 Uniform Business Report for CLINICAL CARE SUPPLIES, INC

I have only now realized that I owe the 2004 fees, and respectfully request that CLINICAL CARE SUPPLIES, INC be excused from paying the some penalty.

Many thanks for your attention.

Yours truly

MARCO A GANTIVA GUZMAN
PRESIDENT