2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P39753 **DOCUMENT#**

1. Entity Name MICRO BIO-MEDICS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90272 039 ***150.00

Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstanting) ### FILE NOW!!! FEE IS \$150.00 ### After May 1, 2003 Fee will be \$550.00 ### May 1, 2003 Fee will be \$550.00 ### Added to Fees ### Added to Fees ### Added to Fees ### Addition ### Delete ### D				GO WE TO	7		
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City & State City & State City & State Country Country Country Country Country Country Country Country Country S. Corificate of Status Desired Steet Address of New Registered Agent Name Steet Address of New Registered Agent ORLANDO FI. 32802 City FL Zip Code City FL	2. Principal Pla	ace of Business	3. Mailing Address			(1911 AIBII BIBII BIBII B	1811 6 1811 1881
Cuty & State Cuty	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		CHECK HERE IF M	AKING CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Street Address (P.O., Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Attent May 1, 2003 Fee will be \$550.00 Mikic Chick Registered agent of time fractionable. Signature Agent of Bornish Registered agent of time fractionable. Signature Agent of Bornish Registered Agent and time fractionable. Control Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and time fractionable. Signature Agent Signature Agent and time fractionable. Control Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and time fractionable. Control Registered agent agent and time fractionable. Control Registered agent agent and time fractionable. Control Registered agent agent and time fractionable. Control Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent and time fractionable. Control Registered agent agent agent and time fractionable. Control Registered agent agent agent and time fractionable. Control Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Dotter Registered Agent	City & State		City & State		4. FEI Number 13-2692560	<u> </u>	
BLUMBERG EXCELSIOR CORPORATE SERVICES INC 4435 OLD WINTER GARDEN RD ORLANDO FL 32802 City FL City FL Zip Code Adde to Fees Adde Fell-Amp PARKWAY PELHAM MANOR NY City-51-2P City-51-2P City-51-2P City-51-2P City-51-2P City-51-2P City-51-2P City-51-2P Cit	Zip	Country	Zip	Country	5. Certificate of Status Desired [
BLUMBERG EXCELSIOR CORPORATE SERVICES INC 4435 OLD WINTER GARDEN PD ORLANDO FL 32802 City FL Zip Code The above named ensity 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 me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida Department of State 10.		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Regis	tered Agent	
Addition Additi				Name			
8. The above named entity submits this statement for the purpose of changing its registered dollice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code			RVICES INC	Street Addres	ss (P.O. Box Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignArtUne	ORLANDO	FL 32802		City		Zip Cor	de
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		<u></u>			in Section 119 07(3)(i) Florida Statutes I fur	ther 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 if an officer of 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: