

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91509 043 ***150.00

DOCUMENT # P93000022951

1. Entity Name
J.R.S. MEDICAL SUPPLY & OXYGEN, INC.



Principal Place of Business
754 S. GOLDENROD RD.
ORLANDO FL 32822
US

Mailing Address
POST OFFICE BOX 2481
WINTER PARK FL 32790

2. Principal Place of Business
8265 Valencia College Lane

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32825

Country
ORANGE

Zip

Country

4. FEI Number 59-3157831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALMON, MARTHA
1174 OAK CREEK CT.
WINTER SPRINGS FL 32708

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---------------------------------------------------|---------------------------------|
| TITLE D SALMON | <input type="checkbox"/> Delete |
| NAME SOLMON, MARTHA | |
| STREET ADDRESS 1104 OAK CREEK CT. 1174 | |
| CITY-ST-ZIP WINTER SPGS. FL 32708 32708 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME SALMON, JOSE | |
| STREET ADDRESS 1104 OAK CREEK CT. 1174 | |
| CITY-ST-ZIP WINTER SPGS. FL 32708 32708 | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 407-380-5005

CR2E034 (10/02)