

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 31, 2001 08:00 AM****Secretary of State****DOCUMENT # P93000077525**1. Entity Name  
J & J MEDICAL SUPPLY, INC.

|                             |                         |
|-----------------------------|-------------------------|
| Principal Place of Business | Mailing Address         |
| 7167 PEMBROKE RD            | 7167 PEMBROKE RD        |
| PEMBROKE PINES FL 33023     | PEMBROKE PINES FL 33023 |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0453826**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BARRIOS OSNIEL  
5345 NW 173 DR.MIAMI FL  
33055 US**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.

SIGNATURE \_\_\_\_\_ **07/31/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | P                 | <input type="checkbox"/> Delete |
| NAME           | BARRIOS OSNIEL    |                                 |
| STREET ADDRESS | 5345 NW 173 DRIVE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33055    |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

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| TITLE          | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP    |                                 |

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| CITY-ST-ZIP    |                                                                   |

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| CITY-ST-ZIP    |                                                                   |

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| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** OSNIEL BARRIOS

P

07/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)