

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90121 013 \*\*\*150.00

**DOCUMENT # P94000051653**

1. Entity Name

**S.O.F. HEALTH CARE PRODUCTS OF FLORIDA, INC.**

Principal Place of Business

**2828 S. TAMiami TRAIL  
SARASOTA FL 34239**

Mailing Address

**2828 S. TAMiami TRAIL  
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0506457**

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

**FILSON, RICHARD A**

**2727 S TAMiami TRAIL SUITE 3  
SARASOTA FL 34239**

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

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, 2002 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **MCCOMB, WILLIAM E**  
CITY-ST-ZIP **2828 S TAMiami TRAIL  
SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **MCCANN, JOHN A**  
CITY-ST-ZIP **334 AVENIDA LEONA  
SARASOTA FL 34242**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **LOGAN, SAMUEL C**  
CITY-ST-ZIP **1400 QUAIL DRIVE  
SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

**2/5/02 9419570200**  
Date Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc# D94000061653/601837  
**SUPLEE & SHEA, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
800 S. OSPREY AVE., BLDG A  
SARASOTA, FL 34236

INSTRUCTIONS FOR FILING UNIFORM BUSINESS REPORT

Please review this report carefully. If the information provided is incorrect or incomplete, read the instructions on the reverse side before making any entries/corrections, and have the officer or director of the corporation sign and date this report where indicated. PLEASE CHANGE BUSINESS AND/OR MAILING ADDRESS AS NECESSARY.

Please sign the check made payable to Department of State in the amount of \$150.00 for filing fee to go with this report.

Mail the report, together with check attached, in the envelope before **MAY 1, 2002** to Division of Corporations, Uniform Business Report Filings, P.O. Box 1500, Tallahassee, FL 32302-1500.

A copy is enclosed for your records.

Failure to file this report will result in an involuntary dissolution of your corporation by the Secretary of State and a late filing will result in a fee of \$550.00.

Please feel free to call if you have any questions.

SUPLEE & SHEA, P.A.

/em

Enclosure