

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90226 037 ***150.00

DOCUMENT # P94000061724

1. Entity Name

A-1 CARE MEDICAL SUPPLIES CORP.



Principal Place of Business

**4286 PALM AVE
HIALEAH FL 33012**

Mailing Address

**4286 PALM AVE
HIALEAH FL 33012**

2. Principal Place of Business

4286 Palm Ave
Suite, Apt. #, etc.

3. Mailing Address

4286 Palm Ave
Suite, Apt. #, etc.

City & State

Hialeah

City & State

Hialeah

Zip

Country

FL 33012 USA

Zip

Country

FL 33012 USA

4. FEI Number

65-0541635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARTMAN, JOSE S
4286 PALM AVE
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

Calderon, Jacqueline

Street Address (P.O. Box Number is Not Acceptable)

4286 Palm Avenue

City

Hialeah

FL

Zip Code
33012

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

(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ Delete
NAME **HARTMAN, JOSE S**
STREET ADDRESS **4286 PALM AVE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PVST** ☐ Change ☒ Addition
NAME **Calderon, Jacqueline**
STREET ADDRESS **4286 Palm Avenue**
CITY-ST-ZIP **Hialeah, FL 33012**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

4/8/03
DATE

Daytime Phone #

CR2E034 (10/02)