

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077879

1. Entity Name

FORT LAUDERDALE MEDICAL & SURGICAL SUPPLIES, INC

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90115 024 \*\*\*150.00

Principal Place of Business

7151 W. OAKLAND PARK BLVD  
LAUDERHILL FL 33133  
US

Mailing Address

7151 W. OAKLAND PARK BLVD  
LAUDERHILL FL 33319  
US

CU048177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0529812

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

~~SCOCA, CAROLYN CASSAR~~  
~~8949 SPRINGTREE LKS DRIVE~~  
~~SUNRISE FL 33351~~

Name

Carolyn Scova

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

7151 W. OAKLAND PK BLVD

City

Lauderhill

FL

Zip Code  
33313

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, 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 ☐ Delete  
NAME CASSARA, CAROLYN  
STREET ADDRESS 7151 W OAKLAND PARK BLVD  
CITY-ST-ZIP LAUDERHILL FL

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

TITLE ST ☐ Delete  
NAME MILLER, MARK E.  
STREET ADDRESS 7151 W. OAKLAND PARK BLVD  
CITY-ST-ZIP LAUDERHILL FL

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  
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NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.

Date

Daytime Phone #

CR2E034 (10/00)