

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90372 004 \*\*\*150.00

DOCUMENT # P94000086614

1. Entity Name  
ALL FLORIDA MEDICAL SUPPLIES, INC.



Principal Place of Business

140 N.E. 4 AVE  
SUITE A  
DELRAY BEACH FL 33483  
US

Mailing Address

140 N.E. 4 AVE  
SUITE A  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

**ALL FLORIDA MEDICAL SUPPLIES**

3. **ALL FLORIDA MEDICAL SUPPLIES**

61 S. E. 4<sup>TH</sup> Avenue

Suite, Apt. #, 61 S. E. 4<sup>TH</sup> Avenue  
Delray Beach, FL 33483

Suite, Apt. #, Delray Beach, FL 33483

City & State

City & State

4. FEI Number 65-0536636

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTINI, WILLIAM C  
140 N.E. 4 AVE  
SUITE A  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name MARTINI, WILLIAM C  
Street Address (P.O. Box Number is Not Acceptable)  
**ALL FLORIDA MEDICAL SUPPLIES**  
61 S. E. 4<sup>TH</sup> Avenue  
City Delray Beach, FL 33483 **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

12/30/2

**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 ☐ Delete  
NAME **P MARTINI, WILLIAM C**  
STREET ADDRESS **605 N.W. 7 ST**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

Date

Daytime Phone #

12/30/2 5612720207

CR2E034 (10/02)