

FROM :

PHONE NO. :

Apr. 30 2001 04:45AM P1

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95060027908
M. A. MEDICAL SUPPLIES CORP

FILED

01 AUG 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 801 Madrid St #106 Coral Gables FL 33134
Mailing Address: 801 Madrid St #106 Coral Gables FL 33134
W01-12244

2. Principal Place of Business: 9406 NW 80 AV Suite, Apt. #, etc. WIK 12C City & State: Hialeah Gardens FL 33016 Country: USA
3. Mailing Address: the same Suite, Apt. #, etc. City & State: Zip: Country:

REINSTATEMENT 99-07

FEI Number: 65-0573963
Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: Faya, Higinio 801 Madrid St #106 Coral Gables FL 33134

7. Name and Address of New Registered Agent: Name: Faya, Higinio Street Address (P.O. Box Number is Not Acceptable): 520 SW 63 AV City: Miami FL Zip Code: 33144

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] DATE: 04-30-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, 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)(b), Florida Statutes; I further certify that the information furnished 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] DATE: 04-30-01 (305) 820 8727