


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90089 015 ***150.00

DOCUMENT # P95000042031

1. Entity Name
FEELWELL MEDICAL SUPPLIES INC.



Principal Place of Business
**10195 SW 203 TERR
MIAMI FL 33189**

Mailing Address
**10195 SW 203 TR
MIAMI FL 33189**

2. Principal Place of Business
18702 SW 105 PL
Suite, Apt. #, etc.

3. Mailing Address
18702 SW 105 PL
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33157

Country
DADE

Zip
33157

Country
DADE



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0502575 *Correct #* **65-0582515**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GARCIA, RAMON
19800 SW 110 CT
210B
MIAMI FL 33157**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
10195 SW 203 TERR.
City **Miami** FL Zip Code **33189**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GARCIA, RAMON 19800 SW 110 CT MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. RAMON GARCIA. 10195 SW 203 TERR. MIAMI, FL. 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASCANIO SERNA 14051 SW 136th PL. MIAMI, FL. 33186. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *president* **3/24/03** (605) 969-0407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)