2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000042272 **DOCUMENT #**

1. Entity Name

OCEAN MEDICAL SUPPLIES INC.



FILED Jan 09, 2003 8:00 am § Secretary of State 01-09-2003 90063 016 ***150.00

ı	COO WE TO:

Principal Place 801 W 49 ST SUITE 202								
_	e of Business	•	Mailing Ad	dress				
SUITE 202			201 WEST					
			HIALEAH F	∴ 33012				
HIALEAH FL 330	1012) 40) 17 17 0 100 101 100	eleja 11 3 14 (2821	
2. Principal Pla	lace of Busine		3. Mailing A	Address				
San					<u>გ</u> გ ე			: 44 (E 118)
Suite, Apt. #			Suite, Ap		<u> </u>	_		
			2 ex	معو		CHECK HERE IF MAKIN	NG CHANGES	\$
City & State			Lity & Sta	aten	n. ID	4. FEI Number 65-0584480		pplied For ot Applicable
Zip		Country	Zip 330	10 9	untry ADe	5. Certificate of Status Desired	\$8.75 Ac	Iditional
	6. Name a	and Address of Current			JALLE.	<u></u>	Fee Requir	ed
		Hourdoo or Gurrent	negratered Ag	CIIL	Name	7. Name and Address of New Registered	Agent	 -
GUERRA, IS	SABEL						_	
801 W 49 S	ST .				Street Address ((P.O. Box Number is Not Acceptable)		
SUITE 202							*	
HIALEAH FL	L 33012				City		Zip Cod	
8. The above o	named entity	submite this statement (-		f also a	'	F	_ ' '	
the obligation	ons of register	ed agent.	r the purpose o	changing its registe	ered office or register	red agent, or both, in the State of Florida. I an	familiar with	and accept
SIGNATURE	 							
		printed name of registered agent a	and title if applicable.	(NOTE: Registe	ered Agent signature required	when reinstating) DATE		<u></u>
		FEE IS \$150.00 Fee will be \$550.00				9. Election Campaign Financing	\$5.0	00 May Be
Make Check F	Payable to F	lorida Department of	State				☐ Adde	to Fees
10.		OFFICERS AND		11		ADDITIONS/CHANGES TO OFFICERS AN	D DIDCOTOR	0.11.44
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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 air address, with abotter like empowered.

SIGNATURE:

JURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

823-540