2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P96000003074 DOCUMENT

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

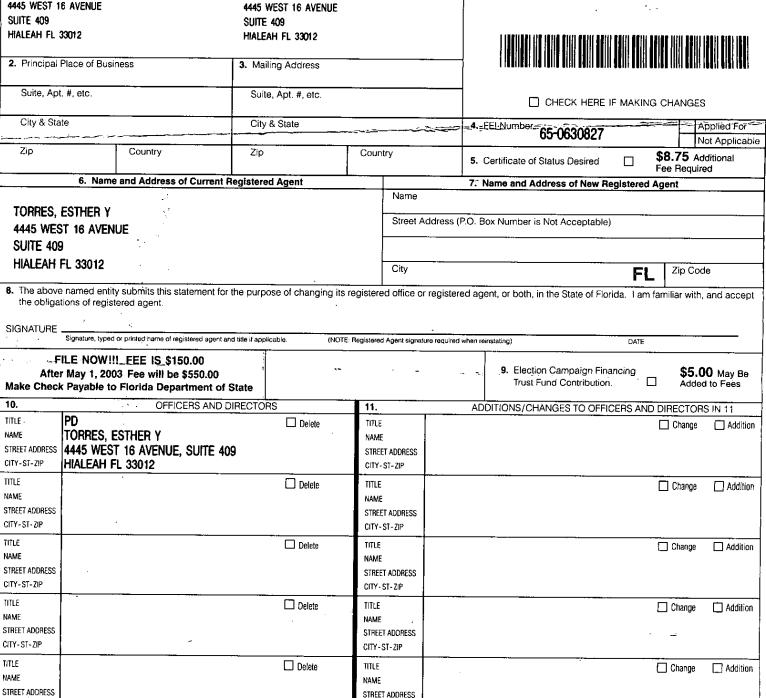
CITY-ST-7IP

TITLE

NAME

Principal Place of Business

LEGACY MEDICAL SUPPLY, INC.



CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90125 048 ***150.00

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (10/02)