2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003
Secretary of State

DOCUMENT# P96000043350

Entity Name: UNITED STATES MEDICAL SUPPLY, INC.

Current Principal Place of Business:

8260 NW 27TH STREET
SUITE 401
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

8260 NW 27TH STREET
SUITE 401
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0670195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFFMAN, ZACHARY A
12377 S.W. 143 LANE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SCHIFFMAN, ZACHARY A
8260 NW 27 ST
SUITE 401
MIAMI, FL 33122 US

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: ZACHARY A SCHIFFMAN 01/23/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPTS ( ) Delete
Name: SCHIFFMAN, ZACHARY A
Address: 12377 S.W. 143 LANE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPTS (X) Change ( ) Addition
Name: SCHIFFMAN, ZACHARY A
Address: 8260 NW 27 ST #401
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARY A SCHIFFMAN PRES 01/23/2003
Electronic Signature of Signing Officer or Director Date