2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000083725 DOCUMENT

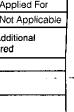
1. Entity Name

DENTAL & MEDICAL DEPOT, INC.

						CO WE TH						
Principal Place of Business 3401 SW 24 ST MAMI FL 33145			3401 S	Mailing Address 3401 SW 24 ST MIAMI FL 33145								
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES		
City & State			City 8	City & State				FEI Number NOT APPLICA	ABLE	_ 	oplied For	
Zip Country		Zip	Zip Co			5.	Certificate of Status Desired		8.75 Add	litional		
	6 Nama s	and Address of Curr	nt Besistere	1 Agent	!		7	Name and Address of New Po				
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent lame					
BARBAT, M. SUSANA					ا -يست	Street Addr	oce (PO 1	Box Number is Not Acceptable)	·			
3401°SW	24 ST	التي سيريان المسريان	72.45	Street			ess (r.O. t	Sox Number is Not Acceptable)				
MIAMI FL 33145												
						City			FL	Zip Code	e	
	e named entity tions of register		t for the purpo	se of changing its	s registere	ed office or reg	gistered aç	gent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
JIGINATORE	Signature, typed or	printed name of registered ag	ent and title if appli	cable. (NO	TE: Registere	d Agent signature re	equired when i	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								Election Campaign Fina Trust Fund Contribution.		Added	0 May Be I to Fees	
10.	15	OFFICERS AI	ND DIRECTOR		11.	1	A[ODITIONS/CHANGES TO OFFIC				
NAME STREET ADDRESS	BARBAT, M. 3401 SW 24 MIAMI FL 33	ST		Delete		1				Change	Addition	
	ST MARTINEZ, 3401 S.W. 2 MIAMI FL 33	ATH ST		☐ Delete		<u> </u>				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	!	د هماده میدید ک	~ . 5.5 t2 <u>5~</u> **±	☐ Delete		1	ಇಪ್⊍ - ≔ೇಞ್			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		ſ				Change	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP		,		☐ Delete						☐ Change	☐ Addition	
ITLE IAME ITREET ADDRESS				☐ Delete	TITLE NAME STREE					Change	Addition	

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90268 015 ***150.00



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 addition, with all ther like empowered.

SIGNATURE:

CITY-ST-ZIP

JUSADA BACKAT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR