

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037290

1. Entity Name

EVERY MEDICAL SUPPLY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90171 003 ***150.00

Principal Place of Business

Mailing Address

3270 NE 33 STREET
 FT LAUDERDALE FL 33308
 US

3270 NE 33 STREET
 FT LAUDERDALE FL 33308-7123
 US

2. Principal Place of Business

7830 NW 44 ST.

3. Mailing Address

7830 NW 44 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0748429

Applied For

Not Applicable

Zip

Country

33351

USA

Zip

Country

33351

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN CORPORATIONS UNLIM.
 3270 NE 33 STREET
 FT LAUDERDALE FL 33308

Name American CORPORATIONS Unlim.
 Street Address (P.O. Box Number is Not Acceptable)
7830 NW 44 ST
 City SUNRISE FL Zip Code 33351

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
 NAME JOINER, MARGARET E
 STREET ADDRESS C/O 3270 NE 33 STREET
 CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE JOINER, MARGARET E. ☒ Change ☐ Addition
 NAME 7830 NW 44 ST.
 STREET ADDRESS SUNRISE, FL 33351
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret E. Joiner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 (954) 747-6877

CR2E034 (9/99)