

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000080274

1. Entity Name
ULRICI MEDICINE DISTRIBUTORS INC.



Principal Place of Business

1015 W 50 STREET
HIALEAH, FL 33012 US

Mailing Address

P.O. BOX 2335
HIALEAH, FL 33012 US

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0784913

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ, RENE R
1015 WEST 50 STREET
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

RENE R. GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept. 04 - 08

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, RENE R
STREET ADDRESS	1015 WEST 50 STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	GONZALEZ, GLORIA C
STREET ADDRESS	1015 WEST 50 STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000859259
09/09/08-80003-016 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE R. GONZALEZ

Date

Daytime Phone #

Sept. 04 - 08