

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000081589

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: ARVO MEDICAL SUPPLIES, INC.

## Current Principal Place of Business:

2620 NE 188 STREET  
NORTH MIAMI BEACH, FL 33180

## New Principal Place of Business:

18384 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

## Current Mailing Address:

2620 NE 188 STREET  
NORTH MIAMI BEACH, FL 33180

## New Mailing Address:

18384 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

FEI Number: 65-0787455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPHENS, MARK  
2620 NE 188 STREET  
NORTH MIAMI BEACH, FL 33180 US

## Name and Address of New Registered Agent:

STEPHENS, MARK  
18384 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160 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:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEPHENS, MARK  
Address: 2620 NE 188 STREET  
City-St-Zip: N.MIAMI BEACH, FL 33180

Title: VP ( ) Delete  
Name: STEPHENS, SANDRA L  
Address: 2620 NE 188 STREET  
City-St-Zip: N.MIAMI BEACH, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STEPHENS, MARK  
Address: 18384 WEST DIXIE HIGHWAY  
City-St-Zip: N.MIAMI BEACH, FL 33160

Title: VP (X) Change ( ) Addition  
Name: STEPHENS, SANDRA L  
Address: 18384 WEST DIXIE HIGHWAY  
City-St-Zip: N.MIAMI BEACH, FL 33160

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: MARK STEPHENS

P

05/01/2002

Electronic Signature of Signing Officer or Director

Date