

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000100306**

1. Entity Name

AMERICAN MEDICAL DISCOUNT SUPPLIES, INC.**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90011 031 ***150.00

0300239

Principal Place of Business

**500 NE SPANISH RIVER BLVD. STE 24
BOCA RATON FL 33431**

Mailing Address

**500 NE SPANISH RIVER BLVD. STE 24
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0797974**

Applied For

Not Applicable

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

**DICKSON, LAWRENCE A
500 NE SPANISH RIVER BLVD, STE 24
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DICKSON, LAWRENCE A	
STREET ADDRESS	1540 NW 14TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, JANINE	
STREET ADDRESS	1540 NW 14TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANSON, GARY M	
STREET ADDRESS	1420 SW 19TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANSON, SILVIA M	
STREET ADDRESS	1420 SW 19TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, LAWRENCE A.	
STREET ADDRESS	834 N.E. 75TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, JANINE	
STREET ADDRESS	834 N.E. 75TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)