2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000065136 Sep 21, 2000 8:00 am 1. Entity Name MID TOWN MEDICAL SUPPLIES, INC. Secretary of State 09-21-2000 90001 024 ***550.00 Principal Place of Business Mailing Address 19250/8W/88/Ct *X9Z8Ø/\$W/88/¢*t Miami, FL 33015 Miami, FL 33015 UUU87427 3. Mailing Address 2. Principal Place of Business <u>3550 iscayne Blvd</u> 3550 Biscayne_Blyd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Suite #204 Suite #204 Applied For 4. FEI Number City & State City & State 65 0910762 Not Applicable Miami, Fl 33137 Miami, FL Country \$8.75 Additional Country Dade 3⁴3137 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Alfred J. Borras Street Address (P.O. Box Number is Not Acceptable) 9560 S W 7 Ct Pembroke Pines, Fl 33025 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE TITLE PD ☐ Delete Alfred J Borras NAME NAME 9560 S W 7 Ct STREET ADDRESS STREET ADDRESS Pembroke Pines,FL 33025 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition IIILE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 enjoyments 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 all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #