

DOCUMENT # **999000023090**1. Entity Name  
**GENERAL MEDICAL PHARMACY & MEDICAL SUPPLIES, INC.**Principal Place of Business Mailing Address  
7350 NW 7th Street Suite 205  
Miami, Florida 33126 Miami, Florida 331262. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

Castro, Jose L.  
7350 NW 7th Street  
Suite 205  
Miami, Florida 33126

7. Name and Address of New Registered Agent

Name  
Castaneda, Estela  
Street Address (P.O. Box Number is Not Acceptable)  
7350 NW 7th Street  
Suite 205  
City Miami FL Zip Code 33126

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

(NOTE: Registered Agent signature required when reinstating)

2/20/01

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

TITLE P, V, S, T, D ☒ Delete  
NAME Castro, Jose L.  
STREET ADDRESS 7350 NW 7th St., #205  
CITY-ST-ZIP Miami, Florida 33126TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, V, S, T, D ☐ Change ☒ Addition  
NAME Castaneda, Estela  
STREET ADDRESS 7350 NW 7th St., #205  
CITY-ST-ZIP Miami, Florida 33126TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003803251--1  
-03/06/01--01116--021  
\*\*\*\*150.00 \*\*\*\*150.00TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

Daytime Phone #

FILED

01 FEB 26 AM 10:43

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE