

AMENDED

FILED

03 NOV -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023610			
1. Entity Name M & P MEDICAL SUPPLIES INC.			
Principal Place of Business 5803 S.W. 8TH ST. MIAMI, FL 33134 US		Mailing Address 5803 S.W. 8TH ST. MIAMI, FL 33134 US	
2. Principal Place of Business 5803 SW 8 STREET Suite, Apt. #, etc.		3. Mailing Address 5803 SW 8 STREET Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33134	Country US	Zip 33134	Country US
4. Name and Address of Current Registered Agent HERRERA, ALEXIS 5803 S.W. 8TH ST. MIAMI, FL 33134		7. Name and Address of New Registered Agent Name JORDAN MATOS Street Address (P.O. Box Number is Not Acceptable) 5803 SW 8 STREET City MIAMI FL Zip Code 33134	
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 <u>JORDAN MATOS</u>		700024497377 11/07/03-01005-008 ***1.25	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, ALEXIS 5803 S.W. 8TH ST. MIAMI, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN MATOS 5803 SW 8 STREET MIAMI, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN MATOS 5803 SW 8 STREET MIAMI, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JORDAN MATOS 5803 SW 8 STREET MIAMI, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>ALEXIS HERRERA</u>		10/31/03 (305) 262-3200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR20034 (10/02)