2000 UNIFORM BUSINESS REPORT (UBR)

4/14/17

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-17-2000 90119 033 ***150.00

DOCUMENT # P99000052914

1. Entity Name

ALL-STATES MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
4415 WESTROADS DRIVE WEST PALM BEACH FL 33407	4415 WESTROADS DRIVE WEST PALM BEACH FL 33407-1207

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0927957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSNER, MICHAEL J
4420 BEACON CIRCLE STE 100
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name KATALIN TOTH
Street Address (P.O. Box Number is Not Acceptable) 4415 WESTROADS DR.
City WEST PALM BEACH FL Zip Code 33407

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] JOHN TOTH VP, [signature: Katalin Toth] Apr 26, 2000
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, 2000 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 PRESIDENT NAME KATALIN TOTH STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME KATALIN TOTH STREET ADDRESS 4415. WESTROADS DR. CITY-ST-ZIP WEST PALM BEACH, FLA. 33407	☐ Change ☐ Addition
TITLE VICE PRESIDENT NAME JOHN TOTH STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VICE PRESIDENT NAME JOHN TOTH STREET ADDRESS 4415 WESTROADS DR. CITY-ST-ZIP WEST PALM BEACH, FLA 33407.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] VP 4-10-2000 561 848-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #