2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90011 042 ***150.00

DOCUMENT # P99000077576

1. Entity Name

LAKES MEDICAL SUPPLIES AND DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
7425 NW 4TH STREET PLANTATION FL 33317	7425 NW 4TH STREET PLANTATION FL 33317-2204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7215 GLENEAGLE DR	7215 GLENEAGLE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number: 65-0943427 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIVETO, CHARLES M JR.
7425 NW 4TH STREET
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name: CHARLES WRONSKI
Street Address (P.O. Box Number is Not Acceptable): 7215 GLENEAGLE DR
City: MIAMI LAKES **FL** Zip Code: 33014

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] CHARLES WRONSKI 4-28-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIDETO, CHARLES M JR. 7425 NW 4TH STREET PLANTATION FL 33317 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-P CHARLES WRONSKI 7215 GLENEAGLE DR MIAMI LAKES, FL 33014 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-S/T EDWINA WRONSKI 7215 GLENEAGLE DR MIAMI LAKES, FL 33014 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] – CHARLES WRONSKI 4-28-00 305 681 7042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04. 27. 00 04:28PM *CHUCK DIVETO CPA P01