

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089651

1. Entity Name

GREAT AMERICAN MEDICAL SUPPLIES, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90002 034 ***150.00

Principal Place of Business

1784 S.W. FEDERAL HWY.
STUART FL 34997

Mailing Address

1784 S.W. FEDERAL HWY.
STUART FL 34997

2. Principal Place of Business

1784 N.W. Fed Hwy
Suite, Apt. #, etc.

3. Mailing Address

1784 N.W. Fed Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FL

City & State

STUART FL

4. FEI Number

065-0952340

Applied For

Not Applicable

Zip

34994

Country

US

Zip

34994

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

KIMMEL, LEE A
1784 S.W. FEDERAL HWY.
STUART FL 34997

7. Name and Address of New Registered Agent

Name Kimmel, Lee A
Street Address (P.O. Box Number is Not Acceptable)
1784 N.W. Fed. Hwy
City STUART FL 34994

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

(NOTE: Registered Agent signature required when reinstating)

8/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	KIMMEL, LEE A	
STREET ADDRESS	P.O. BOX 1526 N/A	
CITY-ST-ZIP	STUART FL 34995	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALESTRANT, KENNETH J	
STREET ADDRESS	804 S.E. PORTAGE RD.	
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



Attachment
Doc. # P99 000089651
DW 7775

From our door to yours.

1-800-580-2322

August 7, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Please note that the address was incorrect on our original application. We never went into business until March 2000, even though we incorporated in October 1999. We never got the first notice because of the incorrect address. The only reason we got this notice is because the post office now knows us because we are in business. We would ask the State to waive the additional \$400 because of the mailing address error and we simply don't have the money.

Sincerely,

Lee A. Kimmel
LAK/jw

Committed to your health.

1784 N.W. FEDERAL HIGHWAY • STUART, FL 34994
LOCAL 561-692-1975 • TOLL FREE 1-800-580-2322 • FAX 561-692-6993
WWW.GREATAMED.COM