

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000095543**1. Entity Name
INDEPENDENCE MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
7301A WEST PALMETTO PARK ROAD SUITE 100C BOCA RATON FL 33433	P O BOX 971271 BOCA RATON FL 334971371

2. Principal Place of Business	3. Mailing Address
7301A WEST PALMETTO PARK ROAD	7301A WEST PALMETTO PARK ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 100C	SUITE 100C

City & State	City & State
BOCA RATON FL	BOCA RATON FL

Zip	Country	Zip	Country
334333409	US	334333409	US

4. FEI Number	Applied For
65-0957747	<input type="checkbox"/> Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WEINROTH ROBERT SESQ.**
7301A WEST PALMETTO PARK ROAD
SUITE 100C
BOCA RATON FL 33433**7. Name and Address of New Registered Agent**

Name	WEINROTH ROBERT SESQ.
Street Address (P.O. Box Number is Not Acceptable)	7301A WEST PALMETTO PARK ROAD
SUITE 100C	
City	BOCA RATON FL
Zip Code	334333409

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 _____ **01/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> Delete
NAME	YAFFE PAMELA J	
STREET ADDRESS	12408 ANTILLE DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WEINROTH ROBERT S	
STREET ADDRESS	21786 MARIGOT DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINROTH ROBERT S	
STREET ADDRESS	PO BOX 971271	
CITY-ST-ZIP	BOCA RATON FL 334971271	
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		
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: Robert S Weinroth

DP

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)