

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108271

1. Entity Name

HEALTH SOUTH MEDICAL SUPPLY CORPORATION

Principal Place of Business

Mailing Address

8300 SW 8TH ST.
STE. 103
MIAMI FL 33144

8300 SW 8TH ST.
STE. 103
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, BIBIANA
8440 S.W. 8TH ST APT 18
MIAMI FL 33144

Name Onel Arias

Street Address (P.O. Box Number is Not Acceptable)

8300 SW 8th Street

City Miami

FL

Zip Code 33144

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

Onel Arias

(NOTE: Registered Agent signature required when reinstating)

02/28/01

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, 2001 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 PD ☒ Delete
NAME PEREZ, BIBIANA
STREET ADDRESS 8300 SW 8TH ST. STE 103
CITY-ST-ZIP MIAMI FL 33144

TITLE President ☒ Change ☐ Addition
NAME Onel Arias
STREET ADDRESS 8300 SW 8th St.
CITY-ST-ZIP Miami FL 33144

TITLE V ☐ Delete
NAME ARIAS, ONEL
STREET ADDRESS 8300 SW 8TH ST. STE 103
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Onel Arias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01

Date

(305) 225 1130

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90032 011 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (1/0/00)