FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108271

1. Entity Name

HEALTH SOUTH MEDICAL SUPPLY CORPORATION.

FILED
02 JUL 24 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300006854763--4
-08/01/02--01047--007
****300.00 ****300.00

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2. Principal Place of Business	3. Mailing Address
8300 SW 8 ST	8300 SW 8 ST
Suite, Apt. #, etc.: SUITE 103	Suite, Apt. #, etc.: SUITE 103
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. FEI Number: 650968095 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BIBIANA PEREZ

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

8440 SW 8 ST APT 18

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: Bibiana Perez

Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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	P/D
NAME	BIBIANA PEREZ
STREET ADDRESS	8300 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	V
NAME	ONEL ARIAS
STREET ADDRESS	8300 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bibiana Perez (P/D) 5/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date

HEALTH SOUTH MEDICAL SUPPLY CORPORATION
DOC.# P99000108271

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THIS LETTER STATING THAT I NEVER RECEIVED ANY NOTICE FROM MY BANK NOR FOM YOUR OFFICE STATING THAT I HAD A PROBLEM WITH MY CHECK.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

Bibiana Perez

BIBIANA PEREZ
PRESIDENT