

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P990006108271

1. Entity Name

HEALTH SOUTH MEDICAL SUPPLY CORPORATION.

FILED

02 JUL 24 PM 2:52

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300006854763--4
-08/01/02--01047--007
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

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

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

4. FFL Number
650968095

Applied to
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 UBR filer (if applicable)

(NOTE: Registered Agent signature required when filing change)

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 \$250.00

Amended UBR is \$51.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BIBIANA PEREZ (P/D)
8300 SW 8 ST
MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ONEL ARIAS (V)
8300 SW 8 ST
MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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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)(b), 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 SIGNING OFFICER OR DIRECTOR

HEALTH SOUTH MEDICAL SUPPLY CORPORATION
DOC.# P99000108271

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

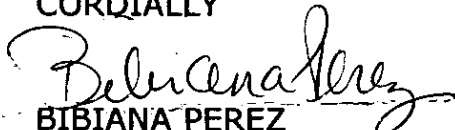
TO WHOM IT MAY CONCERN:

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
PRESIDENT