

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548716 (Amended UBR)

FILED

1. Entity Name
Southern Medical Supply Inc.
(04/18/1991)

02 DEC 31 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500009793645
01/02/03--01090--001 **70.00

2. Principal Place of Business
4356 SW 74 AVE

3. Mailing Address
4356 SW 74 AVE

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33155

Country
USA

Zip
33155

Country
USA

4. FEI Number
65-0259108

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JACQUELINE FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
4356 SW 74 AVE

City
MIAMI **FL** Zip Code
33155

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 Jacqueline Fernandez (Jacqueline Fernandez) 12/13/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>OFFICER</u> <u>FERNANDEZ, JACQUELINE</u> <u>4356 SW 74 AVE.</u> <u>MIAMI FL 33155</u>
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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: Jacqueline Fernandez PRESIDENT 12/13/02 (305) 265-0531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034R (12/01)