

FILED

03 JUL 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S48716

1. Entity Name
SOUTHERN MEDICAL SUPPLY, INC. ✓

Principal Place of Business
4356 S.W. 74 AVE
MIAMI, FL 33155 US

Mailing Address
4356 S.W. 74 AVE
MIAMI, FL 33155 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **65-0259108** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
FERNANDEZ, JACQUELINE N
4356 S.W. 74 AVE
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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. I am familiar with, and accept the obligations of registration.

SIGNATURE: _____ DATE: _____
Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$660.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, JACQUELINE 4356 S.W. 74 AVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARIO N. BORDON 4356 S.W. 74th AVENUE MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing is 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 667, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any other like empowered.

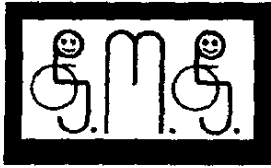
SIGNATURE: _____ DATE: **07-11-03 308-265-0531**
Signature and Title or Printed Name of Signing Officer or Director Case Daytime Phone #

400021782974
07/25/03--01004--020 **150.00

CHECK HERE IF MAKING CHANGES

CR2EC034 (1/01/02)

7/12



Southern Medical Supply, Inc.

Your Number one source of Urological and Wound Care Supplies

Dear Representative:

The following is send in order to request inform the particular of this late filling; I had accepted the position as the new register agent for Southern medical Supply, Inc. back in May of this year regrettfully couple of days after that my mother got terminally sick in Argentina and it was necessary for my to travel there to share with her the last two moths of her life. No one else was in condition of accepting the Register Agent assignment for the company and therefore the failing was hold until my return.

I respectfully request that you consider waiving the accrued penalties, given that at this time the company is going true a acute financial hardship.

Enclosed you will find the Uniform Business Report, a copy of Statement of change for the register officer and a check for the renewal.

Your assistance in this manner will be greatly appreciated.

Thank you for your time and consideration.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Dario Nelson Bordon'. The signature is written over the printed name.

Dario Nelson Bordon

Administrator