

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 047 ***150.00

DOCUMENT # Y02525

1. Entity Name

Adco Medical Supplies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3400 S.W. 26th Terrace

Suite, Apt. #, etc.
Suite A-9

3. Mailing Address

P.O. Box 185370

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, Florida

Zip
33312

Country
US

City & State
Hamden, Connecticut

Zip
06518-0370

Country
US

4. FEI Number
65-0302761

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
Burton C. Firtel

Street Address (P.O. Box Number is Not Acceptable)
19533 Island CT Drive

City
Boca Raton FL Zip Code
33434

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

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	PS Burton C. Firtel 19533 Island CT Drive Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	UT Barry A. Saunders 7101 Rain Forest Drive Boca Raton, FL 33434
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**DO NOT WRITE
IN THIS SPACE**

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: Barry A. Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
Date Daytime Phone #

CR2E034B (12/01)