

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90059 040 ***150.00

DOCUMENT # V51890

1. Entity Name
COLONY MEDICAL SUPPLIES, INC.

| | |
|---|---|
| Principal Place of Business PALMA AVENUE FL 33010 | Mailing Address 901 PALMA AVENUE HIALEAH FL 33010-4016 US |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business 3540 WEST FLAGLER Suite, Apt. #, etc. | 3. Mailing Address 1200 WEST 61 PL Suite, Apt. #, etc. HIALEAH, FLORIDA |
| City & State MIAMI, FLORIDA | City & State |
| Zip 33135 | Country DADE |
| Zip 33012 | Country DADE |



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0346466 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent
GONZALEZ, DUVIER
901 PALMA AVENUE
HIALEAH FL 33010

7. Name and Address of New Registered Agent
 Name
NETTIE BETANCOURT.
 Street Address (P.O. Box Number is Not Acceptable)
1200 WEST 61 PL
 City
HIALEAH **FL** Zip Code
33012

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 *Nettie Betancourt*
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE PSTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BETANCOURT, NETTIE | | NAME | |
| STREET ADDRESS 1200 WEST 61 PLACE | | STREET ADDRESS | |
| CITY-ST-ZIP HIALEAH FL 33012 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nettie Betancourt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)