

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90115 034 \*\*\*158.75

**DOCUMENT # V65206**

1. Entity Name

**ANR MEDICAL SUPPLY, INC.**

Principal Place of Business

Mailing Address

**888 WESSON DR  
 CASSELBERRY FL 32707**

**888 WESSON DR  
 CASSELBERRY FL 32707**

**940411**

2. Principal Place of Business

3. Mailing Address

**2876 ASHTON TERRACE**

**2876 ASHTON TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**OVIEDO, FLORIDA**

**OVIEDO, FLORIDA**

4. FEI Number **59-3143220**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32765**

**SEMINOLE**

**32765**

**SEMINOLE**

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRUBLE, ERIC D.  
 225 E ROBINSON ST  
 SUITE 600  
 ORLANDO FL 32801**

Name

**RABI MALHOTRA**

Street Address (P.O. Box Number is Not Acceptable)

**2876 ASHTON TERRACE**

City

**OVIEDO**

**FL**

Zip Code

**32765**

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 **Rabi Malhotra - V. Pres.**

**RKM**

**2.23.01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALHOTRA, ANITA K.</b> <b>888 WESSON DR</b> <b>CASSELBERRY FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALHOTRA, ANITA K.</b> <b>2876 ASHTON TERRACE</b> <b>OVIEDO, FL-32765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALHOTRA, RABINDRA K.</b> <b>888 WESSON DR</b> <b>CASSELBERRY FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALHOTRA RABINDRA K</b> <b>2876 ASHTON TERRACE</b> <b>OVIEDO, FL-32765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

SIGNATURE: **Rabi K. Malhotra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.23.01**

Date

**407-977-5055**

Daytime Phone #

CR2E034 (10/00)