

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90195 037 \*\*\*150.00

0131515 AT

**DOCUMENT # V73197**

1. Entity Name

**D & B MEDICAL SUPPLY, INC.**



Principal Place of Business

**13307 SW 42 ST  
MIAMI FL 33175  
US**

Mailing Address

**P.O. BOX 655256  
MIAMI FL 33265  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0363468**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANAVY, ROSA  
13307 SW 42 ST  
MIAMI FL 33175**

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 **PT** ☐ Delete  
NAME **DANAVY, ROSA**  
STREET ADDRESS **2157 SW 136TH PLAVE**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/03

CR2E034 (4/03)

*attachment*

**D & B MEDICAL SUPPLY  
METRO MOBILITY**

**13307 SW 42 STREET MIAMI FL 33175  
(305) 551-6623 (866) 551-6623 FAX (305) 480-5392**

*8614B114*  
*#V73197*

August 28, 2003

Florida Department of State  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please be advised that the enclosed (UBR) is the first notice we have received, we did not get a chance to pay earlier.

As per your instructions we are sending this cover letter along with payment for the original amount before penalties of \$150.00.

Respectfully,

  
\_\_\_\_\_  
Rosa Danavy, PT