

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90131 009 ***150.00

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DOCUMENT # F98000004506

1. Entity Name
HOSPI MED, INC.



Principal Place of Business
8770 SUNSET DR. #433
MIAMI FL 33173

Mailing Address
8770 SUNSET DR. #433
MIAMI FL 33173

11011731



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 **65-0855322**

Applied For

Not Applicable

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

LANS, HECTOR L
9100 AERIDA DR
MIAMI FL 33156

Name **Hector Lans**

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

9100 Arvida Drive

City **Miami**

FL

Zip Code **33156**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **CP**
STREET ADDRESS **CESPEDES, LUIS EDUARDO**
CITY-ST-ZIP **VIA ESPANA N 200, PISO 7**
PANAMA REPUBLIC OF PANAMA

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

TITLE ☐ Delete
NAME **CS**
STREET ADDRESS **DE SALCEDO, LILIA AMINTA**
CITY-ST-ZIP **VIA ESPANA N 200, PISO 7**
PANAMA REPUBLIC OF PANAMA

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **CHIRU, ALVA ROSA**
CITY-ST-ZIP **VIA ESPANA N 200, PISO 7**
PANAMA REPUBLIC OF PANAMA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

LANS, HECTOR L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

3056659477

Date

Daytime Phone #

CP2E034 (10/02)