

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 035 ***150.00

0051482 AV

DOCUMENT # M20009

1. Entity Name
FAMILY MEDICAL RENTALS, INC.



Principal Place of Business
**4957 SW 74 CT
MIAMI FL 33155
US**

Mailing Address
**4941 SW 74 CT.
MIAMI FL 33155
US**

2. Principal Place of Business
2869 SW 69TH CT.

3. Mailing Address
2869 SW 69TH CT.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33155

Country

4. FEI Number **59-2568673**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MENDIETA, ALEJANDRO
4957 SW 74 CT
MIAMI FL 33155**

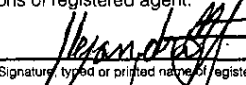
7. Name and Address of New Registered Agent

Name **MENDIETA, ALEJANDRO**

Street Address (P.O. Box Number is Not Acceptable)
2869 SW 69TH CT.

City **MIAMI** State **FL** Zip Code **33155**

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  PD

(NOTE: Registered Agent signature required when reinstating)

DATE **7/28/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDIETA, ALEJANDRO 4957 SW 74TH CT. MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GADEA, ERIK 4957 SW 74TH CT. MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDIETA, ALEJANDRO 2869 SW 69TH CT MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GADEA, ERIK 2869 SW 69TH CT. MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

Date **7/28/03** Daytime Phone # **305 264 6250**

CR2E034 (4/03)

Attachment
86134716

M2009

Family Medical Rentals Inc.

2869 SW 69th CT.

Miami Fl 33155

Tel: 305 264 6250 Fax: 305 264 6316

July 25, 2003

Florida Department of State

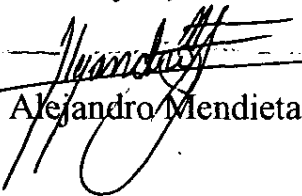
Division of Corporations

Uniform Business Report Filings

Sirs:

We purchased Family Medical Rentals at the end of February, however the agency assisting us in the paperwork failed to change the address of the business and we did not receive the original Uniform Business Report until later when the filing fee was \$550.00. It was until then that we became aware that we needed to do this filing and that it was not done by the previous owners. Therefore, we kindly request an abatement for the penalty imposed on late filings. We are sending our check for the original \$150.00 hoping you will grant us the abatement.

Thank you,


Alejandro Mendieta