

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90010 034 ***150.00

DOCUMENT # *P00000058749*

1. Entity Name

Free Line Medical Equipment Corp.

Principal Place of Business

Mailing Address

*7979 W. 25 Ave Bay #2
Hialeah, FL 33016*

*7979 W 25 Ave Bay #2
Hialeah, FL 33016*

00058717

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

65-1017463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Fonts, Fernando
792 S.E. 6 Place
Hialeah, FL 33010*

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.

SIGNATURE

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, 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 *PD* *Fonts, Ileana* ☐ Delete
NAME
STREET ADDRESS *792 SE 6 Place*
CITY-ST-ZIP *Hialeah, FL 33016*

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

TITLE *STD* *Fonts, Fernando* ☐ Delete
NAME
STREET ADDRESS *792 SE 6 Place*
CITY-ST-ZIP *Hialeah, FL 33016*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: *x Ileana Font*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ileana Font (President)

Date

Daytime Phone #

07/06/01 (305) 823-9395

CR2E034 (11/00)

Attachment
#P00000058749
D0058717
ARTICLES OF INCORPORATION

FILED
00 JUN 16 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Free Life Medical Equipment Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Just -
address
8271 NW 64 St
Miami - FL 33166 -

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Fernando Font
8271 NW 64 St
Miami - FL 33166 -

Attachment

#P000000058749

D0058717

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Fernando Fouts - President
Ileana Fouts - Vice-President
8271 NW 64 St
Miami - FL 33166

The undersigned has(have) executed these Articles of Incorporation this

15 day of June, ~~2000~~ 2000

+ Fernando Fouts - President

Signature/Title

+ Ileana Fouts - Vice-President

Signature/Title

Signature/Title

Attachment
~~# PD000008749~~
D0058717

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Free Line Medical
Equipment Corp.

2. The name and address of the registered agent and office is:

Fernando Font
(NAME)
8271 NW 64 St
(P.O. BOX NOT ACCEPTABLE)
Miami - FL 33166.
(CITY/STATE/ZIP)

SIGNATURE

Fernando Font
(corporate officer)

TITLE

President

DATE

6/15/00

SECRETARY OF STATE
TALLAHASSEE FL 32399

00 JUN 16 PM 2:00

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Fernando Font

DATE

6/15/00

Attachment
#P00000058749
D00 58717
ARTICLES OF AMENDMENT

TO
ARTICLES OF INCORPORATION
OF

Free Line Medical Equipment Corp.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article V: Director(s)
the name(s) and street address(es) of
the director(s) to these Articles of
Incorporation is (are):

Record
address

Ileana Forts - President
Fernando Forts - Secretary/Treasurer
2480 West 80 St. Bay #2
Hialeah - FL 33016.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

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00 JUN 22 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment # P000058717
P000058749

THIRD: The date of each amendment's adoption: June 20, 2000

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The numbers of votes cast of the amendments was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each
Voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for
approval by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.

Signed this 20 day of June, 2000

Signature

Fernando Fouts
(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Fernando Fouts

Typed or Printed Name

PRESIDENT

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Date