


**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90343 016 \*\*\*150.00

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

<b>DOCUMENT # P02000109570</b>	
1. Entity Name <b>M.A. CARE MEDICAL EQUIPMENT, CORP.</b>	

**JUL142003**

Principal Place of Business 7600 WEST 20TH AVE SUITE 223-A HIALEAH, FL 33016	Mailing Address 7600 WEST 20TH AVE SUITE 223-A HIALEAH, FL 33016
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>01-0747110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BENITEZ, MARIA 7600 WEST 20TH AVE ROOM A HIALEAH, FL 33016</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

**B.** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	PD BENITEZ, MARIA <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7600 WEST 20TH AVE, ROOM A	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(1), 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: Maria Benitez Date: 7/9/03 Daytime Phone #: 305/364-3699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

90142485  
P 02000109570

M.A. CARE MEDICAL EQUIPMENT, CORP  
7600 WEST 20<sup>TH</sup> AVENUE  
SUITE # 223-A  
HIALEAH, FLORIDA 33016  
305/364-3699

FLORIDA DEPT OF REVENUE  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALAHASSEE, FL 32302-1500

July 9, 2003

REF: P02000109570  
RENEWAL

To whom it may concern:

Please be advised that I opened my corporation on Oct. 2002. I was never advised that the corporation had to be renewed in January of 2003.

I never received any notification from the State of a renewal report.

I am herewith enclosing my annual report along with \$ 150.00 and do hope that you will waive any additional penalties since I did not receive any renewal form.

If any other information is needed please let me know.

Thank you and best regards,



Maria Benitez  
President