

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

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90214 022 \*\*\*150.00  
06-30-2003 90065 050 \*\*\*150.00

**DOCUMENT #** P02000130074 L 

**1. Entity Name**  
E & E MEDICAL EQUIPMENT, INC

<b>Principal Place of Business</b> 1701 W FLAGERT STREET 220 MIAMI FL 33135	<b>Mailing Address</b> 1701 W FLAGERT STREET 220 MIAMI FL 33135
--	--



CHECK HERE IF MAKING CHANGES

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suits, Apt. #, etc. :		Suits, Apt. #, etc. :	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 02-0655664	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GUILERMO, GARCIA  
3102 NW 43 AVE  
MIAMI FL 33125

**7. Name and Address of New Registered Agent**

Name: ENRIQUE R. BIZET SR.  
Street Address (P.O. Box Number is Not Acceptable):  
1701 W FLAGERT STREET STE 220  
City: MIAMI FL Zip Code: 33135

**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:  DATE: 4/30/03

Signatures of principals, names of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing.)

**FILE NOW!!! FEE IS \$180.00**  
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**

TITLE	P	<input type="checkbox"/> Delete	NAME BIZET, ENRIQUE R SR
STREET ADDRESS	3825 NW 2 ST.		
CITY-ST-ZIP	MIAMI FL 33125		
TITLE	V	<input checked="" type="checkbox"/> Delete	NAME MORENO, EDUARDO SR
STREET ADDRESS	150 E 1 AVE		
CITY-ST-ZIP	MIAMI FL 33010		
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 files empowered.**

SIGNATURE:  DATE: 6/23/03 (786) 355-1712

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (10/02)