
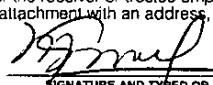


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 042 ***150.00

DOCUMENT # P04000059020 1. Entity Name UNION MEDICAL EQUIPMENT, INC.					
Principal Place of Business 4343 W FLAGLER ST STE 200D MIAMI, FL 33134			Mailing Address 4343 W FLAGLER ST STE 200D MIAMI, FL 33134		
2. Principal Place of Business 8901 NW 116 ST Suite, Apt. #, etc. BAY # 102 City & State Hialeah Gardens, FL Zip 33018 Country USA			3. Mailing Address 8901 NW 116 ST Suite, Apt. #, etc. BAY # 102 City & State Hialeah Gardens, FL Zip 33018 Country USA		
4. FEI Number 16-1697420				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOSA, MARIA E 13237 NW 4 TER MIAMI, FL 33182			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, MARIA E 13237 NW 4 TER ST STE 200D MIAMI, FL 33182 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: 			04/01/05 (305) 528-8252		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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