




FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91797 023 ***150.00

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

80111278

DOCUMENT # P97000009871					
1. Entity Name C & M MEDICAL SYSTEMS, INC.					
Principal Place of Business 6555 N.W. 36 STREET #201D MIAMI, FL 33166 US			Mailing Address 6555 N.W. 36 STREET #211 MIAMI, FL 33166 US		
2. Principal Place of Business 4728 NW 114 Ave Suite, Apt. #, etc. 102		3. Mailing Address 4728 NW 114 Ave Suite, Apt. #, etc. Unit 102		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State Miami FL		City & State Miami FL			
Zip 33178	Country Dade	Zip 33178	Country Dade	4. FEI Number 85-0724793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
MOREIRA, ALEXANDER 4728 N.W. 114 AVENUE UNIT 102 MIAMI, FL 33178				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE:  DATE: 4-30-03				Street Address (P.O. Box Number is Not Acceptable)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				City	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD: <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOREIRA, ALEXANDER M	NAME			
STREET ADDRESS	4728 NW 114 AVENUE, UNIT 102	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
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 807, 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:  ALEXANDER MOREIRA				DATE: 4-30-03 DAYTIME PHONE: 3058712909	

CPRE004 (10/02)