

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90027 036 ***150.00

DOCUMENT # P99000006998

1. Entity Name

ASCLEPIUS MEDICAL, INC.

Principal Place of Business

Mailing Address

3383 N.W. 7TH ST.
 #311
 MIAMI FL 33125

3383 N.W. 7TH ST.
 #311
 MIAMI FL 33125-4140

2. Principal Place of Business

5455 SW 8th St.

3. Mailing Address

5455 SW 8th St.

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0889203

Applied For

Not Applicable

Zip

33134

Country

U S A

Zip

33134

Country

U S A

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

BETANCOURT, MIGUEL
13237 S.W. 10TH LANE
MIAMI FL

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, 2000 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 Delete
 NAME **D**
 STREET ADDRESS **BETANCOURT, MIGUEL**
 CITY-ST-ZIP **13237 S.W. 10TH LANE**
MIAMI FL 33184

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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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:

Miguel Betancourt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

Daytime Phone #

CR2E034 (9/99)