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Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90175 044 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73078

1. Entity Name
MEDI-QUICK, INC.

Principal Place of Business	Mailing Address
156 ALMERIA AVE #205 CORAL GABLES, FL 33134 US	156 ALMERIA AVE #205 CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
c/o J. A. Figueras, CPA	c/o J. A. Figueras, CPA
Suite, Apt. #, etc. 2801 Ponce de Leon Blvd #1170	Suite, Apt. #, etc. 2801 Ponce de Leon Blvd #1170
City & State Coral Gables, Fl.	City & State Coral Gables, Fl.
Zip 33134 Country	Zip 33134 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0426455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUERAS, VIVIAN T. 2801 PONCE DE LEON BLVD #1170 CORAL GABLES, FL 33134	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. 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 / STREET ADDRESS / CITY-ST-ZIP	PD MAIZO, JUAN ~~156 ALMERIA SUITE 205~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	c/o J. A. Figueras, CPA 2801 Ponce de Leon Blvd #1170 Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAIZO, JUAN JR. ~~156 ALMERIA SUITE 205~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same as above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAIZO, AMADA ~~156 ALMERIA SUITE 205~~ CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same as above.	☒ Change ☐ Addition
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CR2E034 (10/02)

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: Juan Maizo 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #