FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 02000001872

1. Entity Name

Better Hospital Equipment Corp.

SIGNATURE:

FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90138 024 ***158.75

10033279

954-885-6420

DO MOLAKLIE IN 1112 21	ACE	
A CANADA		
Principal Place of Business 3. Mailing Address	, ; ; ;	
2400 N. University Dr. 2400 N.	mireisity D,	,
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
# 208 # 208		
Pen broke Pines, FL Penhole	D. F. E. 4. FEINL	
	Ques FC 11	3089802 Not Applicable
33024 Boward 33024	Rrou and 5. Certific	ate of Status Desired \$8.75 Additional
		Fee Required and Address of Current Registered Agent
	Name	- Hadres S. Carront Registered Agent
DO NOT WRITE	TEMES	A V. BATTER
and the second second responsible to the control of	Street Address (P.O. Box Nu	mber is Not Acceptable)
IN THIS SPACE		7000
	City Weston	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its returned points of registered points.		both, in the State of Florida, Lam familiar with, and accept
the obligations of registered agent.	3 · · · · · · · · · · · · · · · · ·	Total with, and accept
Toward Date K	1.1.1	2/1/-
SIGNATURE Signature, typed or printed name of registered agent and talk if applicable. (NOTE:	eo (d eu /	3/9/03
January 1 - May 1 Fee to \$150.00	registered Agent signature required when reinstating	, DATE
After May 1, Fee is \$550.00	9.	Election Campaign Financing \$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department of State		Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS		Meditabalpad entirest to the share rate of the lands species consistences in the lands returns the
TITLE President	TITLE	
NAME teresa V. Baller	NAME	
STREET ADDRESS 370 Carring ton Dr.	STREET ADDRESS	
CITY-ST-ZIP Wes ton FZ 33326	CTTY-ST-ZIP	
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NAME HOLLINGS M. Balter	NAME	an de grande de la companya de la companya de la companya de de la companya de la companya de la companya de l La companya de la co
STILL ROUNCES 37 2 Conference 100	STREET ADDRESS	
CITY-ST-ZIP Westow FL 33326	CITY-SI-ZIP	
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CITY-ST-ZIP	City-st-zip	
12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my	e exemption stated in Section 119 070	O(i) Florida Statutes I further certify that the information
indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report a	signature shall have the same legal eff	ect 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 on an attachment with an address, with all other like empowered.		