Apr 23 03 09:49a Stephen M. Miller; C.P.A.

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91463 038 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88284

1. Entity Name
AAA MEDICAL FABRICATORS CORP.

Principal Place of Business
~~12916 DUPONT CIRCLE~~
~~TAMPA, FL 33626~~

Mailing Address
~~12916 DUPONT CIRCLE~~
~~TAMPA, FL 33626~~

New

2. Principal Place of Business: 109 Bayview Blvd
Suite, Apt. #, etc.: D
City & State: Oldsmar, Fl.
Zip: 34677 Country: Pinellas

3. Mailing Address: P.O. Box 308
Suite, Apt. #, etc.
City & State: Oldsmar, Fl.
Zip: 34677 Country: Pinellas

CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2949927 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Siples
~~KEITH~~, JAQUELINE A
~~12916 DUPONT CIRCLE~~
~~TAMPA, FL 33626~~
109 Bayview Blvd D
Oldsmar, Fl.
34677

7. Name and Address of New Registered Agent
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: Jacqueline A Siples — Date: 4/23/03
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	P SIPLES, JACQUELINE A 1111 N BAYSHORE BLVD A4 CLEARWATER, FL 33769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHESTER, CLINT 1712 SPLITFORK DR OLDSMAR, FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Jacqueline A Siples — 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #