

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L22176

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: QUALITY MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1180 NE 161ST TERRACE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1180 NE 161ST TERRACE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0158989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRANO JR., RAUL O., C.P.A.
1065 NE 125TH STREET
SUITE 317
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PONCE, CARLOS E.,
Address: 1180 NE 161ST TERR.
City-St-Zip: NO. MIAMI BEACH, FL

Title: D () Delete
Name: OLIVEROS, JOSE R.,
Address: 1180 NE 161ST TERR.
City-St-Zip: NO. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PONCE, CARLOS E.,
Address: 1180 NE 161ST TERR.
City-St-Zip: NO. MIAMI BEACH, FL 33162

Title: D (X) Change () Addition
Name: OLIVEROS, JOSE R.,
Address: 1180 NE 161ST TERR.
City-St-Zip: NO. MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS E. PONCE

PSD

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date