

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90170 017 \*\*\*150.00

0276375 AV

**DOCUMENT # L22176**

1. Entity Name  
**QUALITY MEDICAL EQUIPMENT, INC.**



Principal Place of Business  
**1180 NE 161ST TERRACE  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**1180 NE 161ST TERRACE  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business  
**4051 E 8 Ave #1**

3. Mailing Address  
**4051 E 8 Ave**

Suite, Apt. #, etc.  
**Suite #1**

City & State  
**Hialeah, FL**

City & State  
**Hialeah FL**

Zip  
**33013**

Country  
**Dade**

4. FEI Number **65-0158989**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PONCE, CARLOS E.</b>
STREET ADDRESS	<b>1180 NE 161ST TERR.</b>
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33162</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OLIVEROS, JOSE R.</b>
STREET ADDRESS	<b>1180 NE 161ST TERR.</b>
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33162</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED *Resident* **4/15/03** **(305) 876-7927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)