

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M45183

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** AACTION MEDICAL EQUIPMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

1671 W. 37TH ST #3  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1671 W. 37TH ST #3  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-2758203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUAREZ-MEDEROS, CARMEN  
1671 W. 37TH ST #3  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

SUAREZ, FRANCISCO PRES  
1671 W. 37TH ST #3  
HIALEAH, FL 33016 US

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: FRANCISCO SUAREZ

05/01/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SUAREZ, FRANCISCO  
Address: 1671 W 37TH ST SUITE 3  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANCISCO SUAREZ

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date