**FILED** 

Daytime Phone #

## 2003 FOR PROFIT CORPORATION

changed, or on an attachr

SIGNATURE:

## Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000003294 DOCUMENT # 04-14-2003 90079 046 \*\*\*150.00 1. Entity Name MED-SOURCE MEDICAL EQUIPMENT, INC. Principal Place of Business Mailing Address 13012 SW 128 ST 13012 SW 128 ST SUITE C SUITE C MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0972657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PASCUAL, ORLANDO JR Street Address (P.O. Box Number is Not Acceptable) 13756 S.W. 21 ST. **MIAMI FL 33175** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE PASCUAL, ORLANDO JR NAME NAME STREET ADDRESS 13756 S.W. 21 ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE-☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing defindicated on this report or supplied the provided indicated on this report or supplied the provided in the corporation or the receiver or tripstee empowered to expend the corporation or the receiver or tripstee empowered to expend the corporation or the receiver or tripstee.