

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90247 038 ***150.00

DOCUMENT # *P00000010947*

1. Entity Name
E.M. HOME MEDICAL EQUIPMENT, INC

DO NOT WRITE IN THIS SPACE

14022413

| | | | |
|--|------------------------|--|------------------------|
| 2. Principal Place of Business <i>1784 WEST FLAMER ST</i> | | 3. Mailing Address <i>1784 WEST FLAMER ST</i> | |
| Suite, Apt. #, etc. <i>20</i> | | Suite, Apt. #, etc. <i>20</i> | |
| City & State <i>MIAMI</i> | | City & State <i>MIAMI</i> | |
| Zip <i>33135</i> | Country <i>DADE</i> | Zip <i>33135</i> | Country <i>DADE</i> |

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| | |
|---|---|
| 4. FEI Number <i>65-0977553</i> | Applied For <input type="checkbox"/> |
| Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name <i>MILLA DORFIRIO</i> |
| Street Address (P.O. Box Number is Not Acceptable) <i>4691 N.W. 9 ST #A-105</i> |
| City <i>MIAMI</i> - FL Zip Code <i>33126</i> |

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D PVST MILLA ENRIQUE 1784 W. FLAMER ST. STE. 10 MIAMI - FL. 33135</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4. 28. 04 305-541-3154