2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P0000026034 PREMIER MEDIDAL EQUIPMENT AND SUPPLIES, CORP. 02-05-2001 90015 040 ***150.00 Principal Place of Business Mailing Address 575-N.W. 100-COURT 575 N.W. 100 COURT HAMI-FL 33172-MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address of SINER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERRA, ALINA Street Address (P.O. Box Number is Not Acceptable) 575 N.W. 100 COURT MIAMI FL 33172 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITI F ☐ Delete SERRA, ALINA NAME NAME 575 N.W. 100 COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE. ☐ Change TITLE NAME 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attache