

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 044 ***150.00

DOCUMENT # *P00000029918*

1. Entity Name

HOSPIMED INTERNATIONAL MIAMI, INC.



DO NOT WRITE IN THIS SPACE

90102608

2. Principal Place of Business
1111 N.W. 21st TERRACE

3. Mailing Address
1111 N.W. 21st TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1003865

Applied For
Not Applicable

Zip
33127

Country
DADE

Zip
33127

Country
DADE

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RONALD ZAMORA

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

8600 S.W. 2nd STREET

City
MIAMI

FL

Zip Code
33144

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ZAMORA RONALD
8600 S.W. 2nd STREET
MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
ZAMORA MARISELA
8600 S.W. 2nd STREET
MIAMI, FL 33144

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marisela Zamora*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 305-548-4015

Date

Daytime Phone #

CR2E034B (12/02)