FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91774 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055199

1. Entity Name
X-TREME MEDICAL, INC.

11040999

Principal Place of Business	Mailing Address
1630 N.W. 34TH AVENUE MIAMI, FL 33125	1630 N.W. 34TH AVENUE MIAMI, FL 33125

2. Principal Place of Business	3. Mailing Address
400 SW 107 AVE.	400 SW 107 AVE
Suite, Apt. #, etc. 306A	Suite, Apt. #, etc. 306A
City & State Miami FL	City & State Miami FL
Zip 33174 Country USA.	Zip 33174 Country USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1019986 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, KARLA
1630 N.W. 34TH AVENUE
MIAMI, FL 33125

7. Name and Address of New Registered Agent
Name Karla Rodriguez
Street Address (P.O. Box Number Is Not Acceptable) 400 SW 107 AVE #306A
City Miami FL Zip Code 33174.

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] KARLA RODRIGUEZ. 3/25/03
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
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, KARLA 1630 N.W. 34TH AVENUE MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 40 ALMERIA AVE CORAL GABLES, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KARLA RODRIGUEZ 3/25/03 305-441-7966.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #