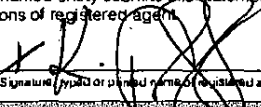
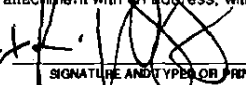


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000055199			
1. Entity Name X-TREME MEDICAL, INC.			
Principal Place of Business 1630 N.W. 34TH AVENUE MIAMI, FL 33125		Mailing Address 1630 N.W. 34TH AVENUE MIAMI, FL 33125	
2. Principal Place of Business 400 SW 107 AVE. Suite, Apt. #, etc. 306A City & State Miami FL Zip 33174 Country USA		3. Mailing Address 400 SW 107 AVE. Suite, Apt. #, etc. 306A City & State Miami FL Zip 33174 Country USA	
		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  KARLA RODRIGUEZ. 3/25/03 (NOTE: Registered Agent's signature required when reinstating)			
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	
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 my address, with all other like empowered.			
SIGNATURE:  KARLA RODRIGUEZ		3/25/03 305-441-7966. Date Daytime Phone #	

CR2E034 (10/02)