FILED
Aug 21, 2003 8:00 am
Secretary of State

08-04-2003 90156 033 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083279

1. Entity Name

Saint Michael Medical Equipt. Inc

DO NOT WRITE IN THIS SPACE

56054867

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7105 SW 8th Street	7105 SW 8th Street
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. 207
City & State Miami florida	City & State Miami florida
Zip 33144 Country USA	Zip 33144 Country USA

4. FEI Number 65-1087889 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Salvador, Maria B

Street Address (P.O. Box Number is Not Acceptable): 8043 Lake drive #101

City: Miami FL Zip Code: 33166

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: MS Maria Salvador 4/17/03

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	PSTD
NAME	Salvador, Maria B
STREET ADDRESS	8043 Lake Drive #101
CITY-ST-ZIP	Miami florida 33166

TITLE	PSTD
NAME	Salvador, Maria B
STREET ADDRESS	8537 nw 7 street
CITY-ST-ZIP	miami florida 33126

DO NOT WRITE IN THIS SPACE

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: MS Maria Salvador 4/17/03 (305) 606-3891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)