FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 050 ***150.00

DOCUMENT # P-00000110559

1. Entity Name: RD MEDICAL Supplies INT'L, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10020 SW 52 terr.
Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA
Zip: 33165 Country: USA

3. Mailing Address: 10020 SW 52 terr.
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33165 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1058333 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $3.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CARLOS L. FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable):
9485 SUNSET DRIVE, SUITE # A-204
City: MIAMI FL Zip Code: 33173

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, signature of all of a name of registered agent, if applicable (NOTE: Registered agent signature required in order to file) Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and wants to do so (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
(Make Check Payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S/D, V/S, V/T/D
NAME	Ruben Dominguez
STREET ADDRESS	10020 SW 52 terr.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E024B (12/01)

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 in an attachment with an address, with all other filing empowered.

SIGNATURE: Ruben Dominguez — 4/16/02 — 305-598-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #