2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name MdS Luternational midica 8 guipment, Luc. Principal Place of Business Mailing Address 06-25-2001 90252 018 ***150.00 12770 WEST DIXIE HWY NORTH MIAMI- FLA 33161 10074583 Principal Place of Business 12770 West DIKIE Hus. 4/99 S.W. 142 Ave MIAMI-FLA 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State NORTH MIAMI, FLA 33161 Zip Country 65-106 1803 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33161 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRTHA DARDOMPRAY 4199 S.W. 142 AUR Street Address (P.O. Box Number is Not Acceptable) MIAMI- FLA 33175 City Zip Code 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, typed or printed name of registered agent and title if applicables (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (11/00) TITLE NAME MIRTHA DARDOMPRAY 4199 D.W. 142 AUE MIRMIFC33125 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITI E TITLE ☐ Change NAME NAME SERGE DARDOMPRAY 4199 J.W. 142AVR MAMI-FLA 33175 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Dardompiac SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/15/01 (305) 220 - 3532 Date Daytime Phone *

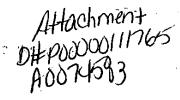
Change

Addition

FILED

Jun 25, 2001 8:00 am **Secretary of State**

ciani, 4-24-0/AHachment pending the check on \$150.00 for my AWNGB rporation Mrs International medical Equipments, but filed on November 0 2000 assigned document number is. did not receive the aplication 2001, this is the reason I'm in the check for \$150.00. I don't The I have I'm the DARBOUPRAY. Il MIRTHA some adiess. thank (305) 220-35 30 mus. Phone /Fax



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 10, 2001

M&S INTERNATIONAL MEDICAL EQUIPMENT INC. M. DARDOMPRAY 4199 S.W. 142 AVE MIAMI, FL 33175

SUBJECT: M&S INTERNATIONAL MEDICAL EQUIPMENT INC.

Ref. Number: P00000111765

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner Senior Section Administrator

Letter Number: 601A00028220