2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State DOCUMENT # P00000112994 1. Entity Name RACH MEDICAL EQUIPMENT, INC. 05-16-2002 90069 003 ***150.00 Principal Place of Business Mailing Address **5545 SW 8 STREET 5545 SW 8 STREET STE 108** STE 108 MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1059943 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, JOSE L Street Address (P.O. Box Number is Not Acceptable) 6339 W FLAGLER ST #11 MIAMI FL 33144 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 _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD TITL F Delete TITLE ☐ Change Addition ALVAREZ, JOSE L NAME NAME 6339 W FLAGLER ST #11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP ☐ Delete TITLE Addition NAME CASTANEIRA, RAQUEL NAME STREET ADDRESS 6339 W FLAGLER ST #11 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(9/01)

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FILED