

FILED  
May 19, 2003 8:00 am  
Secretary of State

05-19-2003 90230 008 \*\*\*150.00

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

DOCUMENT # *P01009011405*

1. Entity Name

*Daily Medical Equipment corp*



00120295

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2901 Curry fold Road*

Suite, Apt. #, etc.  
*209*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Orlando, FL*

City & State

4. FEI Number

*59-3696407*

Applied For

No: Applicable

Zip

*32806*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

*Daily Ochoa*

*[Signature]*

*5/15/03*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when relinquishing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*President  
Daily Ochoa  
4024 spoonbill ave  
Orlando, FL 32822*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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:

*[Signature]*

*Daily Ochoa*

*5/15/03*

*(321) 229-9575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)