

Amend

APPROVED  
AND  
FILED

## UNIFORM BUSINESS REPORT (UBR)

02 NOV 12 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000021939</b>			
1. Entity Name <b>A &amp; D Medical Equipment Corp.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 3455 E. 4 Av. St. 1 Suite, Apt. #, etc. 22		3. Mailing Address 3455 E. 4 Av. St. 1 Suite, Apt. #, etc. 26	
City & State 23 Hialeah FL		City & State 27 Hialeah, FL	
Zip 24 33013		Zip 28 33013	
County 25 Miami-Dade		County Miami-Dade	
4. Fed Number 65-1081741		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Angel G. Alvarez 6081 West 24th Avenue #106 Hialeah, FL 33016		81 Dalia T. Ricardo 82 Street Address (P.O. Box Number is Not Acceptable) 83 3455 E. 4 Av. St. 1 84 Hialeah FL 33013	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida			
SIGNATURE <i>D. Ricardo</i> Signature, typed or printed name of registered agent and title of applicable.		Dalia T. Ricardo (NOTE: Registered Agent signature required when resigning)	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTVPD Dalia T. Ricardo 3455 E. 4 Av. St. 1 Hialeah, FL 33013 <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. I do 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 annual report or supplemental annual 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, or on attachment with an address.			
SIGNATURE <i>D. Ricardo</i> Signature and typed or printed name of signing officer or director		Dalia T. Ricardo	

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 11-12-02

NAME: A & D MEDICAL EQUIPMENT CORP.

TYPE OF FILING: UBR UPDATE

COST:

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02 NOV 12 PM 12:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

