2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033904

1. Entity Name
PRIORITY CARE MEDICAL SUPPLIES INC.

FILED
03 JUN 26 PM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1490 W. 49TH PL #508 HIALEAH, FL 33012	1490 W. 49TH PL #508 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1095520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARDO CABRERA
1490 W. 49TH PL SUITE #508
HIALEAH, FLORIDA 33012

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 6/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P/D NAME LEONARDO CABRERA STREET ADDRESS 1490 W. 49TH PL #508 CITY-ST-ZIP HIALEAH, FLORIDA 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 300021272533 07/02/03--01056--009 **150.00
TITLE T/D NAME LEONARDO CABRERA STREET ADDRESS 1490 W. 49TH PL #508 CITY-ST-ZIP HIALEAH, FLORIDA 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] LEONARDO CABRERA PRESIDENT 6/18/03 305-362-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

Attachment

P01000033904

PRIORITY CARE MEDICAL SUPPLIES, INC.
1490 WEST 49TH Place Suite #508
Hialeah, Florida 33012

Miami, June 13, 2003

Florida Department of State
Division of Corporations
Uniform Business Report
P.O.Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

As per our telephone conversation, I am enclosing a copy of the UBR 2003 for my corporation together with the original fee as we agree on.

The copy that you send me never reached my office and since is the first year I had to renew the corporation I did not know the date I had to do it.

You can be sure that next year I will be looking for this form in the month of January so it ca be filed on time.

Yours truly,

Cabrera

Leonardo Cabrera
President