AMENDED

04-11-2002 90102 002 ****61.25
FILED P01000033922

02 APR 25 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

763449

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033922

1. Entity Name
CHAMPION MEDICAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
351 S. Cypress Rd.	Same
Suite, Apt #, etc: Suite 115	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State
Zip: 33060 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1090081 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Isa Alzamendi
Street Address (P.O. Box Number is Not Acceptable): 14570 Luray Rd.
City: SW Ranches FL Zip Code: 33330

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: Isa Alzamendi (signature) Isa Alzamendi 3/31/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Isa Alzamendi	NAME	
STREET ADDRESS	14570 Luray Rd	STREET ADDRESS	
CITY-ST-ZIP	SW Ranches, FL 33330	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

JR 4/25

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Isa Alzamendi (signature) Isa Alzamendi 3/31/02 954-782-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #