## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POLDODO 37 638

1. Entity Name
FER MEDICAL Supply Duc.

SIGNATURE:



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

05-19-2003 90230 024 \*\*\*150.00

5 /10 /03 (305) 6441611 Daytime Phone #

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DO	O NOT WRIT	E IN THIS	SPAC	E)				
2. Principal Place	of Business	3. Mailing Address						
1830 NW	<b>-</b> -	1830 NW 7 37						
Suite, Apt. #, et	<del></del>	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
1012		1012						
City & State		City & State			4. FEI Number		Applied For	
miomi	FL	Miami FL			+		Not Applicable	
Zip 33145	Country USA	Zip 33125	Coun	try SA	5. Certificate of Status D		8.75 Additional ee Required	
					7. Name and Address of	Current Registered A	Agent	
TO THE REPORT OF THE THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPOR	BANATI	veite.		Name Fra	nk Gonza	. Gonzalez		
	<u> LOONOTLY</u>	VKIIE.	<del></del>		(P.O.:Box Number is Not-Ac	ceptable)		
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Comments of the second was to the second of the second				9345	NW 186 ST A	1PT #204		
				City MiGm	•	FI	Zip Code	
• The above sam	ned entity submits this statement	for the purpose of changing	ante register	od office or regist	orad agent or both in the St	ato of Florida I am fan	990/0	
	of registered agent.	for the purpose of changing	g ita registeri	ed office of regist	ered agent, or both, in the of	ite of Florida. Fallifian	iliai with, and accept	
*SIGNATURE	ture, typed or printed name of registered age	- Arthur Tour		···		***		
	y 1 - May 1 Fee is \$150.00	nt and title if applicable.	(NOTE: Hegistere	d Agent signature requir	ed when reinstating)	CIATE		
After May 1, Fee is \$550.00					9. Election Camp	aign Financing	\$5.00 May Be	
	nended UBR is \$61.25 rable to Florida Department				Trust Fund Cor	stribution.	Added to Fees	
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	y that the information supplied wi	ith this filing does not qualif	<b>计图的记录程</b>		Section 119.07(3)(i) Florida S	latutes. I further certify	that the information	
indicated on th	nis report or supplemental report tion or the receiver or trustee en	is true and accurate and the	iat my signat	ture shall have the	same legal effect as if mace	under oath; that I am	an officer or director	
attachment wit	th an address, with all other like of	empowered.	sport as regi	ando by Chapter	gor, i ionua otatutes, and tha	r my name appears it	I BIOCK TO UT ATT	