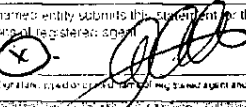
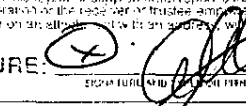


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91303 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055997					
1. Entity Name RALEX MEDICAL EQUIPMENT INC.					
Principal Place of Business 1155 NE 137 STREET SUITE 117 NORTH MIAMI, FL 33161		Mailing Address 1155 NE 137 STREET SUITE 117 NORTH MIAMI, FL 33161			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1111611	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALIMONTA, ALEXIS 16300 NE 19 AVENUE, #106 NORTH MIAMI, FL 33162				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 appointment of registered agent.					
SIGNATURE  DATE 4/28/03					
NOTE: Registered Agent's signature required when appointing.					
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 NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered 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 attached list of an authorized officer or director.					
SIGNATURE  DATE 4/28/03 (305) 947-9600					