2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000066099

Entity Name: EIMY MEDICAL SERVICES, INC.

Current Principal Place of Business:

1455 NW 14TH ST
MIAMI, FL 33125

New Principal Place of Business:

6595 N.W. 36TH STREET
SUITE 305
MIAMI, FL 33166

Current Mailing Address:

1455 NW 14TH ST
MIAMI, FL 33125

New Mailing Address:

6595 N.W. 36TH STREET
SUITE 305
MIAMI, FL 33166

FEI Number: 65-1118604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SARMIENTO, IDALYS
1455 NW 15TH ST
MIAMI, FL 33125

Name and Address of New Registered Agent:

SARMIENTO, IDALYS
6595 N.W. 36TH STREET
SUITE 305
MIAMI, FL 33166

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: IDALYS SARMIENTO 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SARMIENTO, IDALYS
Address: 1455 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

Title: VS (X) Delete
Name: VIERA, BARBARA
Address: 1455 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SARMIENTO, IDALYS
Address: 6595 N.W. 36TH STREET, STE. 305
City-St-Zip: MIAMI, FL 33166

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDALYS SARMIENTO PDT 04/29/2002
Electronic Signature of Signing Officer or Director Date