

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90707 004 ***150.00

DOCUMENT # 20100006768
1. Entity Name OCEAN MEDICAL-EQUIPMENT
& RENTAL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1751 W. 38TH PLACE</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>NO 1007A</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI, FLA.</u>		City & State	
Zip <u>33012</u>	Country <u>USA.</u>	4. FEI Number <u>65-4K 119967</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VICTOR H. RAMS.
Street Address (P.O. Box Number is Not Acceptable)
5840 W. FLAGLER ST. STE 1
City MIAMI FL 33144

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 [Signature]

Signature, typed or printed name of registered agent, and fee # 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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JORGE PELEAZ</u> <u>1000 S W 96 AVE</u> <u>MIAMI, FLA, 33174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 empowers.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/02 305
5123970

Date

Daytime Phone #

CR2E034B (12/01)

TELETYPE

Attachment

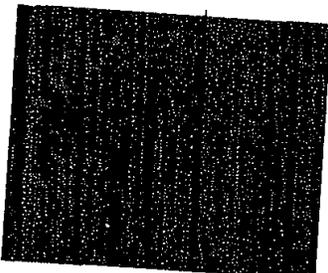
0001

Internal Revenue Service

Accounts Management Division I
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7238
FAX 678-530-6156

869197

PO 000067680



Date: July 23, 2001

Employee Identification: 0716933154

TO:	JORGE PELAEZ		FAX:	305-822-4703
FROM:	Accounts Management Division I Teletin Unit		Pages:	1
Company Name	OCEAN MEDICAL EQUIP RENTAL CORP	Employer ID #	65-1119967	
Company Name		Employer ID #		
Company Name		Employer ID #		
Company Name		Employer ID #		
Company Name		Employer ID #		
Company Name		Employer ID #		
Company Name		Employer ID #		

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the communication via fax at the number given. Thank you.



CEAN

MEDICAL EQUIPMENT & RENTAL CORP.

Attachment

869197

P01000067680

APRIL 29, 2002

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
BOX 1500
TALLAHASSEE, FLORIDA
32302-1500

WE ENCLOSE THE ATTACHED FEE OF \$150.00. FOR:

OCEAN MEDICAL EQUIPMENT RENTAL CORP.
1751 W. 38th PLACE NO. 1007A
HIALEAH, FLA. 33012
TEL 305-512-3970
FAX 305-556-3360

FED. TAX ID NO. 65-111-9967

RESIDENT AGENT
MR. VICTOR H. RAMS
ATTORNEY AT LAW
5840 W. FLAGLER STREET
SUITE 1
MIAMI, FLA. 33144

TEL 305-261-5553
FAX 305-261-3578

THANKS,

JORGE PELAEZ
PRESIDENT

Attachment 869197

P01000067680



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 24, 2002

OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.
1751 WEST 8TH PLACE NO. 1007A
HIALEAH, FL 33012

SUBJECT: OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.
Ref. Number: P01000067680

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 202A00033828

Attachment

5/24/02 CORPORATE DETAIL RECORD SCREEN 2:49 PM
NUM: P01000067680 ST:FL ACTIVE/FL PROFIT FLD: 07/10/2001
NAME : OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.
PRINCIPAL: 1751 WEST 8TH PLACE NO. 1067A
ADDRESS HIALEAH, FL 33012
RA NAME : SOTO, LUIS
RA ADDR : 3810 WEST 11TH AVENUE
HIALEAH, FL 33012
ANN REP : * NONE FILED *

869197

P01000067680

5/24/02 OFFICER/DIRECTOR DETAIL SCREEN 2:49 PM
CORP NUMBER: P01000067680 CORP NAME: OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.
TITLE: PD NAME: PELAEZ, JORGE
1000 SW 96TH AVE.
MIAMI, FL 33174