2003 FOR PROFIT CORPORATION · Uniform Business Report (UBR) DOCUMENT # PO100067680 1. Entity Name OCEAN MEDICAL EQUIPMENT & RENTAL-CORP

FILED Feb 17, 2003 8:00 am Secretary of State

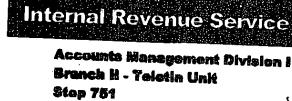
02-17-2003 90249 037 ***150.00

Principal Place of E	Nº 1007A 11/1013 AILE	Mailing Address 675 VveST 36TH PLACE 5 UTE 1408 HIALEAH FL 33012	SA.	MÊ		 					
2. Principal Place	of Business	3. Mailing Address			·	i I I I	 	AHI BANK BANK TO	(B) B) 	### ##### ##	HO 1811 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State .			, 4	4. 55-1119967				Applied For Not Applicable	
Zip Country -		Zip , Countr		try	5. Certificate of Status			s Desired			
6.	Name and Address of Current	Registered Agent			7	7. Name s	ind Address of	New Register	ed Ager	nt	
				Name				-			
RAMS, VICTOR	Н										
5840 W FLAGL				Street Ac	ddress (P.C). Box Nun	nber is Not Acce	ptable)			
	EN OI	4.1									
SUITE 1											
MIAMI FL 3314	·			City	•					Zip Code)
the obligations of	ed entity submits this statement for registered agent. June 1, vped or printed name of registered agent.			ed office or					am fami	iar with,	and accept
viller Ma Malce Greek Hay	NOW III. FEE IIS IS 160,001 . II 2003 IFEE WIII BE IS 550,001 able (OFFIO) Ida Departmentio	(Slate.	- N				Election Campa Trust Fund Cont	ribution.		Added	May Be I to Fees
10.	OFFICERS AND		11.			ADDITION	VS/CHANGES T	O OFFICERS			
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12. I hereby certify	that the information supplied wit	h this filing does not qualify for	r the exe	mption stat	ed in Secti	ion 119.07	(3)(i), Florida Sta	atutes. I furthe	r certify	that the i	nformation

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 113.07(3), i long clatters, that I am to office or directly 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 cath; that I am to office or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my part of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my part of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my part of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my part of the corporation changed, or on an attachme

SIGNATURE:

305821030



Accounts Management Division I Branch H - Teletin Unk PO Bez 47421 Chambles, GA 30362 Phone 678-530-7234/7235 FAX 678-530-6158

Date: July 23, 2001

Employee Identification: 0716933154

TO:	JORGE PELAEZ	FAX:	305-822-4703
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
		CONTRACTOR AND AND A	
Company	OCEAN MEDICAL EQUIP RENTAL CORP		
Name	ALVIAL CORP	Employer ID #	65-1119967
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Name	<u>.</u>	Employer ID#	
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