FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:41

DOCUMENT # P01000083469

1. Entity Name

ALLSTATE MEDICAL EQUIPMENT AND SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

500023936895
10/20/03--01003--017 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1790 W. 49 STREET	1790 W. 49 STREET
Suite, Apt. #, etc. SUITE: 400-4	Suite, Apt. #, etc. SUITE: 400-4
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip: 33012 Country: US	Zip: 33012 Country: US

FEI Number: 65-1151904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EDILIO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

1790 W. 49 STREET SUITE: 400-4

City: HIALEAH FL Zip Code: 33012

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 obligations of registered agent.

SIGNATURE _____ 10/03/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P/D) EDILIO GONZALEZ 1790 W. 49 STREET SUITE: 400-4 HIALEAH, FL 33012
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/03/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #