Mar 14 03 01:50p EXPRESS 305

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90115 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091772

1. Entity Name
RELIABLE MEDICAL DELIVERIES INC.

Principal Place of Business	Mailing Address
3600 SOUTH STATE ROAD 7 SUITE #212 MIRAMAR, FL 33023	3600 SOUTH STATE ROAD 7 SUITE #212 MIRAMAR, FL 33023

2. Principal Place of Business	3. Mailing Address
269 N. UNIVERSITY DR.	269 N. UNIVERSITY DR.
Suite, Apt. #, etc. SUITE : I	Suite, Apt. #, etc. SUITE : I
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33024 Country US	Zip 33024 Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1138416 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MARTINEZ, MONICA
20225 NW 62ND CT
MIAMI, FL 33055

7. Name and Address of New Registered Agent
Name MONICA MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
269 N. UNIVERSITY DR. SUITE: I
City PEMBROKE PINES FL Zip Code 33024

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 [signature] 3/25/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

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-ST-ZIP	PD MARTINEZ, MONICA 20225 NW 62ND CT MIAMI, FL 33055 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 269 N. UNIVERSITY DR. SUITE : I PEMBROKE PINES, FL. 33024
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 3/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #