

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000096194

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

Entity Name: SONNIA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

761 E 54 ST
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

761 E 54 ST
HIALEAH, FL 33013

New Mailing Address:

P.O. BOX 133515
HIALEAH, FL 33013

FEI Number: 65-1141121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANABRIA, MONICA
761 E 54 ST
HIALEAH, FL 33013

Name and Address of New Registered Agent:

GALINDO, MARITZA
16454 S.W. 304TH ST., # 101
HOMESTEAD, FL 33033

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: MARITZA GALINDO

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: D () Delete
Name: SANABRIA, MONICA
Address: 761 E 54 ST
City-St-Zip: HIALEAH, FL 33013

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALINDO, MARITZA
Address: 16454 S.W. 304TH ST., #101
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD () Change (X) Addition
Name: MARTY, DUNIA Y
Address: 820 E. 28TH ST.
City-St-Zip: HIALEAH, FL 33013

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: MARITZA GALINDO

PD

04/29/2002

Electronic Signature of Signing Officer or Director

Date