Amended

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10-03-2002 90052 001 ****61.25

FILED P01000096194
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 18 AM 8:01

DOCUMENT # P01000096194

1. Entity Name

Sonnia Medical Equipment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1840 W. 49th St.
Suite, Apt. #, etc.
Suite # 220-1
City & State
Hialeah, Florida
Zip 33012
Country

3. Mailing Address
1840 W. 49th St.
Suite, Apt. #, etc.
Suite #220-1
City & State
Hialeah, Florida
Zip 33012
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1141121 — 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: Dunia Y. Marty
Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49th St., # 220-1
City: Miami, 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.

SIGNATURE: DMarty
Signature (Type or Print Name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dunia Y. Marty, President 1840 W. 49th St., #: 220-1 Hialeah, Florida 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 empowered.

SIGNATURE: DMarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/02 (305) 836-8299
Date Daytime Phone

0118/02 aw