2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

02-06-2004 90002 018 ***150.00
P01000105438

FILED
04 MAR -2 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105438

1. Entity Name
TOP MEDICAL SOLUTION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9478 NW 13TH STREET
Suite, Apt. #, etc.
City & State: MIAMI , FL
Zip: 33172 Country: USA

3. Mailing Address
9478 NW 13TH ST.
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33172 Country: USA

REINSTATEMENT 03-04

4. FEI Number
65-1152203
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: Echeverri Elsa
Street Address (P.O. Box Number is Not Acceptable): 10344 SW 130 pl
City: Miami FL FL Zip Code 33186

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 ✓ [signature] DATE 2/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVST
NAME	ECHEVERRI, ELSA
STREET ADDRESS	10344 SW 130 PL
CITY-ST-ZIP	MIAMI, FL. 33186

600029958476
03/05/04--01055--002 **158.75

DO NOT WRITE IN THIS SPACE

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: X [signature] ELSA ECHEVERRI PRES 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #