

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000121682**

1. Entity Name  
**TECHNOMED ENDOSCOPY CORP.**



Principal Place of Business  
7311 NW 12TH ST. SUITE 23  
MIAMI FL 33126

Mailing Address  
7311 NW 12TH ST. SUITE 23  
MIAMI FL 33126

2. Principal Place of Business

**7311 NW 12TH ST.**

3. Mailing Address

**7311 NW 12TH ST.**

Suite, Apt. #, etc.

**# 23**

Suite, Apt. #, etc.

**SUITE # 23**

City & State

**MIAMI, FL.**

City & State

**MIAMI FL.**

Zip

**33126**

Country

**33126**

Zip

**33126**

Country

**USA**

4. FEI Number

**01-0551264**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AGUILAR, OSCAR R  
1260 SW 142ND CT  
MIAMI FL 33184**

Name

**ETHEL RODAS**

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

**7311 NW 12TH ST SUITE # 23**

City

**MIAMI**

FL

Zip Code  
**33126**

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

**ETHEL RODAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/06/2003**

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/2003**

Daytime Phone #

CR2E034 (10/02)

2003  
AV