FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90155 007 ***150.00

DOCUMENT # P02000018928

1. Entity Name
EUROMED MEDICAL EQUIPMENT, INC.

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10103644

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2. Principal Place of Business	3. Mailing Address
7147 S.W. 8 th STREET	7147 S.W. 8 th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33144 County: Dade	Zip: 33144 County: Dade

4. FEI Number: 04-3600144 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MOREIRA, PILAR

Street Address (P.O. Box Number is not Acceptable): 1440 BRICKELL BAY DRIVE
Suite 805

City: Miami FL Zip Code: 33131

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: x [signature] (Signature of new registered agent, if applicable) (FOR Registered Agent signature required when reinstating) 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	PVSTD
NAME	MOREIRA, PILAR
STREET ADDRESS	7147 S.W. 8th STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
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CITY-ST-ZIP	

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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] President — May 7, 2003 — 305-375-0751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #