

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

DOCUMENT # **P02000027134**

1. Entity Name
O & D MEDICAL EQUIPMENT, INC.



Principal Place of Business
151 E. 10TH STREET
HIALEAH FL 33010

Mailing Address
151 E. 10TH STREET
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

03-0444750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINO, REMBERTO
151 E. 10TH STREET
HIALEAH FL 33010**

Name

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

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and use if applicable.)

(NOTE: Registered Agent signature required when reinstating)

4-5-03

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

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, REMBERTO		NAME	
STREET ADDRESS	151 E. 10TH STREET		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *PINO, REMBERTO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

55042771
#P0200027134

Mark the "X" in this
box only if there is a
change to Employer
Identification Number
(EIN) or Name.

See instructions on
page 1.

BANK NAME/
DATE STAMP

O & D MEDICAL EQUIPMENT INC
6595 N W 36TH ST STE 205-2
MIAMI FL 33166-6965

EIN (03-0444750) 061812

IRS USE
ONLY

943 990-T
720 990-PF
CR-1 1042
940

b2

Darken only on
TYPE OF TAX
TAX PERIOD

1st
Quarter
2nd
Quarter
3rd
Quarter
4th
Quarter

FOR BANK USE IN MICR ENCODING

19 2
Telephone number ()

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)