

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90412 001 ***158.75

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**

55042771



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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]

Signature, typed or printed name of registered agent and date 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PINO, REMBERTO
151 E. 10TH STREET
HIALEAH FL 33010**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03

Date

Daytime Phone #

CR2E034 (10/02)

55042771
#P02000027134

AMOUNT OF DEPOSIT (Do NOT type, please print.)		DOLLARS		CENTS	

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

EIN 03-0444750 061812

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

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

Telephone number ()

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

FOR BANK USE IN MICR ENCODING

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