

APPROVED
AND
FILED

03 APR 29 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000035631 1. Entity Name ATLANTIC MEDICAL EQUIPMENT & SUPPLIES, INC.		 	
Principal Place of Business 11961 S.W. 192 TERRACE MIAMI, FL 33187		Mailing Address 11961 S.W. 192 TERRACE MIAMI, FL 33177	
2. Principal Place of Business 1470 NW 107 AVE Suite, Apt. #, etc. SD20		3. Mailing Address 1470 NW 107 AVE Suite, Apt. #, etc. SD20	
City & State MIAMI		City & State MIAMI	
Zip 3317		Zip 33172	
Country DADE		Country DADE	
4. FEI Number 04-3646323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOAQUIN 11961 S.W. 192 TERRACE MIAMI, FL 33177		7. Name and Address of New Registered Agent Name HARLENEM NOROÑO Street Address (P.O. Box Number Is Not Acceptable) 1470 NW 107 AVE S-D20 City MIAMI FL 33172	
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 <small>Signature, typed or printed name of registered agent and fee (if applicable)</small>		DATE 4-9-03 <small>(NOTE: Registered Agent's signature required when installing)</small>	
FILE NO. VIII 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 <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME LOPEZ, JOAQUIN	TITLE VTS	NAME HARLENEM NOROÑO
STREET ADDRESS 11961 S.W. 192 TERRACE	CITY-ST-ZIP MIAMI, FL 33177	STREET ADDRESS 1470 NW 107 AVE SD20	CITY-ST-ZIP MIAMI, FL 33172
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME		TITLE NAME	
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME	
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME	
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 507, 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: <small>Signature, typed or printed name of signing officer or director</small>		DATE 4-11-03 786-326-4396 <small>Daytime Phone #</small>	

CR2034 (10/02)

100016796941
04/23/03--01045--017 ** 163.75