# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV 26 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042619

1. Entity Name
Alimed, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2003

2. Principal Place of Business
9513 SW 140th Ct
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip 33186 | Country | Zip | Country

4. FEI Number 03-0429374 | 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 Miguel Barragan
Street Address (P.O. Box Number is Not Acceptable)
9513 SW 140th CT
City Miami FL Zip Code 33186

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 title if applicable (NOTE: Registered Agent signature required when consenting) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---|---|---|---|
| P | Miguel Barragan | 9513 SW 140th CT | Miami, FL 33186 |
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(j), Florida Statutes. I 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my p attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual report fee with my application.

I also state that we never received or any other notice from the Division of Corporations in respect with my Corporation **ALIMED, INC**

Thank you for your courtesy in this matter.

**MIGUEL BARRAGAN**
**PRESIDENT**