

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

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90031 025 \*\*\*150.00

<b>DOCUMENT #</b> <i>P02 000064857</i>	
<b>1. Entity Name</b> Advance Medical Equipment, Inc.	

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**44031725**

<b>2. Principal Place of Business</b> 7220 NW 36 Street Suite, Apt. #, etc. <b>Suite 308 B</b> City & State <b>Miami</b> Zip <b>33166</b>		<b>3. Mailing Address</b> 7220 NW 36 Street Suite, Apt. #, etc. <b>Suite 308 B</b> City & State <b>Miami</b> Zip <b>33166</b>		<b>4. FEI Number</b> <b>01-0717730</b>	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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<b>7. Name and Address of Current Registered Agent</b>		
Name <b>Lazaro Prat</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1442 SW 93 Place</b>		
City <b>Miami</b>	FL	Zip Code <b>33174</b>

<b>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.</b>		
SIGNATURE <i>[Signature]</i>	<b>Lazaro Prat / President</b>	<b>January 15, 2004</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lazaro Prat / President</b> <b>1442 SW 93 Place</b> <b>Miami, FL 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>	<b>Lazaro Prat / President</b>	<b>Jan 14, 2004</b>	<b>(305)477-1093</b>
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)