

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-02-2003 90114 027 ***150.00

DOCUMENT # P02000077618			
1. Entity Name JUAN MEDICAL EQUIPMENT CORP.			
Principal Place of Business 6485 W 27 AVE BLDG 42 APT 12 HIALEAH FL 33016		Mailing Address 6485 W 27 AVE BLDG 42 APT 12 HIALEAH FL 33016	
2. Principal Place of Business 8275 W 12ave		3. Mailing Address 3240 W 70 ST	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. Apt 110	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33014		Zip 33018	
Country Dade		Country	
4. FEI Number 54-2063464			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent LEONAL, JUAN R 6485 W 27 AVE BLDG 42 APT 12 HIALEAH FL 33016		7. Name and Address of New Registered Agent Name: <u>JUAN ROSALES LEONAL</u> Street Address (P.O. Box Number is Not Acceptable) 3240 W 70 ST. APT. 110 City <u>HIALEAH, FL</u> <u>FL</u> Zip Code <u>33018</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>04-15-03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONAL, JUAN R 6485 W 27 AVE BLDG 42 APT 12 HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosales Juan 3240 W 70 ST APT 110 Hialeah FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>JUAN ROSALES</u> <u>03-31-03</u> <u>505 822 3484</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/02)