2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91066 024 ***150.00

DOCUMENT # P02000080775

1. Entity Name
SOUTH MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
1455 NW 14 ST MIAMI, FL 33125	1455 NW 14 ST MIAMI, FL 33125

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
12948 NW 133 Ct		12948 NW 133 CT	
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.: Ste B	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33125	Country:	Zip: 33125	Country:

4. FEI Number: 52-2367701 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R
1455 NW 14 ST
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name: ARAMIS LEON
Street Address (P.O. Box Number is Not Acceptable): 2790 W 73rd Place
City: HIALEAH FL Zip Code: 33016

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: ARAMIS LEON [signature] 1/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DPVS	☒ Delete	TITLE	DPVS	☐ Change ☒ Addition
NAME	RUIZ, TOMAS		NAME	ARAMIS LEON	
STREET ADDRESS	1455 NW 14 ST		STREET ADDRESS	2790 W. 73 PLACE	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	RUIZ, TOMAS		NAME	ARAMIS LEON	
STREET ADDRESS	1455 NW 14 ST		STREET ADDRESS	2790 W. 73 PLACE	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ARAMIS LEON [signature] 1/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)