FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 30 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089734

1. Entity Name
VIEWMED INC

DO NOT WRITE IN THIS SPACE

400021414694
07/09/03--01027--026 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14217-SW 8 Terr.	14217-SW-8 Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI	MIAMI
City & State: Florida.	City & State: Florida.
Zip: 33184 Country: Dade.	Zip: 33184 Country: DAde.

4. FEI Number: 27-0027449 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JUAN CARLOS BURUNAT JR.

Street Address (P.O. Box Number is Not Acceptable): 14217-SW 8 Terr.

City: MIAMI FL Zip Code: 33184

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.

SIGNATURE: [signature] .
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President. JUAN Carlos BURUNAT 14217-SW-8 Terr. MIAMI FL 33184.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06/27/03 (786) 488-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

21 6/30

"VIEWMED, INC."
P02000089734

To Whom It May Concern

I Did not Received the 2003 Annual Report

Please accept my payment Without penalty

Thank you

JUAN CARLOS [illegible]
President