2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092792
1. Enlity Name

APPROVED AND ALED

03 JUL 11 PM 5: 14

RODRIGUEZ, ILEANA M 6201 SW 131 CT, APT. 203 MIAMI, FL 33183 City MIAMI City MIAMI FL Zig 6. The above named eptify submits this statement for the purpose of changing its registered citics or registered agent, or both, in the State of Florida. Signature: Specior revited rame of registered agent and ride 4 approach (NOTE Registered Agent superior requirement agent agent and requirement agent superior requirement and elects to do so. After May 1, Fee is \$150.00 Amended UBR is \$81.25 Trust Fund Contribution.	Applied Fo Not Applied Fo Additional equired
Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired S8.7 Foe R Thame RODRIGUEZ, ILEANA M 6201 SW 131 CT, APT. 203 MIAMI, FL 33183 City MIAMI City MIAMI FL Zig City MIAMI FL Zig This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Trust Fund Contribution.	Applied Fo Not Applied 5 Additional equired
City & State Country State City Miami FL City Miami FL City Miami City Miami FL City Miami State of Florida. City State State	Applied Fo Not Applied 5 Additional equired
Zip Country Zip Country Zip Country Signature Agen For Rich Requirement and elects to do so. Zip Country Zip Country Signature Agen For Rich Red Status Desired Status Desired Signature Signature Status Desired Signature	Not Applic 5 Additional equired
The above named equity submits this statement for the purpose okchanging its registered diffice or registered agent, or both, in the State of Florida. Signature: Signature:	5 Additional equired
RODRIGUEZ, ILEANA M 6201 SW 131 CT, APT. 203 MIAMI, FL 33183 Street Address (P.O. Box Number is Not Acceptable) 655 W. FLAGLER STREET City MIAMI FL Zig 8. The above named epitify submits this statement for the purpose of changing its registered reflice or registered agent, or both, in the State of Florida. SIGNATURE X Surrouse, dipod or revolved registered agent and release agent and release agent and release agent and registered agent agen	
RODRIGUEZ, ILEANA M 6201 SW 131 CT, APT. 203 MIAMI, FL 33183 Street Address (P.O. Box Number is Not Acceptable) 655 W. FLAGLER STREET City MIAMI FL Zip 8. The above named eptity submits this statement for the purpose okchanging its registered citice or registered agent, or both, in the State of Florida. Signature: Samoner, typed or revoled remain of registered agent and revolute versures when remaining to the state of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Amended UBR is \$51.25 Trust Fund Contribution.	101
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SST W. FLAGLER STREET SUTTE City MIAM! FL Zig 8. The above named entity submits this statement for the purpose okchanging its registered citice or registered agent, or both, in the State of Florida. Signature: Samoner, special or rented rame of registered agent and the 4 approache (NOTE Proprieted Agent separated when remaining) Fax filling requirement and elects to do so. After May 1, Fee is \$150,00 Amended UBR is \$61.25 Trust Fund Contribution.	101
8. The above named eprity submits this statement for the purpose okchanging its registered cillice or registered agent, or both, in the State of Florida. Signature: Special registered agent and the statement for the purpose okchanging its registered cillice or registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent and registered agent such that is approached. (NOTE Psychiatric Agent sequence when remaining) Gait Sancare, typed or revited rome of registered agent and registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent and registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent, or both, in the State of Florida. Shrouse, typed or revited rome of registered agent, or both, in the State of Florida. Shrouse, typed or revited agent, or both, in the State of Florida.	
8. The above named eptity submits this statement for the purpose okchanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE X Surrounc, diper or reveled rooms of registered agent and red approache (those approaches the first agent source required when remaining) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution.	Codnos
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Second of the state of the satisfy its Intangible of	Code 3313
is a mining requirement and elects to do so. Amended UBR is \$81.25 Trust Fund Contribution.	7
(See criteria on back) Make Check Payable to Department of State	55,00 May 1 Added to Feet
11. OFFICERS AND DIRECTORS	
INLE PD INCE HAME RODRIGUEZ, ILEANA M HAME	
SIREELADDRESS 6201 SW 131 CT, APT. 203 SIREELADDRESS CITY-SI-ZIP MIAMI, FL 33183 CITY-SI-ZIP	
HILE , WIFE	
TAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE	
HAME SINCET ADDRESS SIRRET ADDRESS	
CHY-S1-ZIP CHY-S1-ZIP	
IIILE IIILE	
I MAME SINGET ADDRESS SINGET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE	
I MANÉ	
SIREFI ADDRESS CHY-SI-ZIP CHY-SI-ZIP	
THE	
THANK	
STREET ADDRESS STREET ADDRESS	
CITY-SI-ZIP 13. I hereby certily that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that	

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informal indicated on this report or supplemental report is true and accurate audition by signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or analyse empowered to execute this identity as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on attachment with an aridress, with pill other like empowered.

SIGNATURE:

7/2/03 (303) 262-785

500

All Care Medical Equipment & Supplies, Inc.

July 8, 2003

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

Dear Sir or Madam:

Please be advised that we did not receive any correspondence from your office, hence why the 2003 filing fee was overlooked. Enclosed please find a check in the amount of \$150.00 for the 2003 Uniform Business Report fee. If you should have any questions or require additional information, do not hesitate to contact the undersigned.

Sincerely,

Ileana M. Rodriguez, President

All Care Medical Equipment & Supplies, Inc.