2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000097044 .03.NOV 10 PM 1:42 P02000097044 **DOCUMENT #** 1. Entity Name FISIO MEDICA INTERNATIONAL, INC. Principal Place of Business Mailing Address 55047791 431 CHESTNUT LANE 431 CHESTNUT LANE WESTON FL 33328-1702 WESTON FL 33328-1702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 55-0832.152 Not Applicable Zio Country Country \$8.75 Additional 5. Cartificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADILLA HECTOR Street Address (P.O. Box Number is Not Acceptable) 431 CHESTNUT LANE WESTON FL 33328-1702 City Zip Code 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 FILE NOWILL FEE IS \$150.00 S. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE Detete MILE ☐ Change Addition PADILLA, HECTOR NAME NAME 431 CHESTNUT LANE STREET ADDRESS STREET ADDRESS WESTON FL 33326-1702 CITY-ST-ZIP CITY-\$1-278 Deleta Addition TIME MILE Chance BONDAVALLI, ENRICO NAME MALÆ 431 CHESTNUT LANE STREET ADDRESS STREET ADDRESS CTY - ST. 749 WESTON FL 33328-1702 CITY-ST.78 ☐ Defete TITLE Mamaria Rivas NAME NAME 806 Cress Grove LANC STREET ADDRESS STREET ADDRESS City-st-70 POMPANO Beach CITY-ST-78 33069 TIPLE ☐ Deleta TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-21P DILE Delete TATLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-20 IIILE Deleta HTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY - ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 copporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: Onytime Phone 6

05-21-2003 90187 047 \*\*\*150.00

## <u>Fisio-Medica International, Inc.</u>

431 Chestnut Lane Weston, Florida 33326 (954) 349-8335 Fax (954) 349-8337

November 06, 2003

Florida Department of State Glenda E Hood Secretary of State

**Division of Corporations** 

Ref #: P02000097044/Dissolution of Fisio Medica International, Inc.

To whom it May Concern:

This is the second letter I write to you requesting that you waived the \$600.00 reinstatement fee regarding the dissolution of Fisio Medica International, Inc. As previously informed, in May of 2003 I sent check #970 in the amount of \$150.00 with the Uniform Business Report (UBR) which met all requirements to fulfill the Florida law. Your Department cashed this check on May 23, 2003.

On October 29, 2003, I was reconfirmed that the corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2003 corporate annual report/uniform business report form. You also mentioned that I failed to respond to two letters sent to me during the months of June and July. I reviewed my files and did not find such letters from your department notifying me of such situation.

Please reevaluate your position and reinstate Fisio Medica International, Inc. and authorize this company to transact business in the state of Florida.

If you need to talk to me I can be reached at 954 349-8335 or at my cell # 954 347-7385

Thank vou.

Hector Padilla