FOR PROFIT CORPORATION OF UNIFORM BUSINESS REPORT (UBR)

FILED

Uniform Business	D WELOW!	UDKĮ		
DOCUMENT# POZO 00099131 1. Entity Name J+J Medical Supplies a Equipmen			7 03 MAY 15 AM 10: 13	}
1. Entity Name	Susalièsa	Equipmen	it the	
JAJ MEMICA.	30pp na 1	0 1	SECRETA A OF STATE	
			TALLAHASSEE FLORIDA	4
		<del></del>	-	
DO NOT WOITE IN	THE CDA	^r		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 6595 NW 36 Street 3. Mailing Address 6595 NW 36 Street				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
#100	#100		-	
Virginia Gardens, Fly	city & State	Lone D	4. FEI Number 887884	Applied For
<u> </u>	in J (c	Country (		\$8.75 Additional
33166 USA 3	53166	USA_	5. Certificate of Status Desired	Fee Required
			7. Name and Address of Current Registere	d Agent
			e Bottaiolt	
			2) Box Number is Not Acceptable)	
			S STORY THE	
	1	City	<u> </u>	7in Code
		CityMia	mi Beach Fl	<u>- 33940</u>
8. The above named entity submits this statement for the or	urgose of phanging its regis	stered office or register	red agent, or both, in the State of Florida.	
X ANTON	Alof			
SIGNATURE Synature typed or printed natural registed agent and tilly	apolicable. (NOTE: Regi	stered Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	.			
Tax filing requirement and elects to the second state of the secon			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criteria on back)	Make Check Payable to			- Added ID 1 des
11. OFFICERS AND DIRECT				
HAME (P) JORGE L. BOTTAI		TITLE NAME		
STREET ADDRESS 4225 SHEELOAN A	ve	STREET ADDRESS	<b>00001.984</b> ! 05/23/03010430	57 <b>4U</b> 31 **750.00
CITY-ST-ZIP Hiami Beach FI	99140	City-ST-ZiP	U5/23/U3==U1U43==U	5 <b>740</b> 31 **750.00
NAME PIDORGE A TORG	1127	TITLE		
STREET ADDRESS 4275 SHERIDAN A	~	NAMC STREET ADDRESS		
CITY-ST-ZIP Mami Beach 1 Fl	=	CITY-ST-ZIP		
TITLE		TITLE		
NAME STREET ADDRESS		VAME STREET ADORESS		
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRI	TE
TITLE	· · ·	TITLE		<del></del>
NAME	N	IAME	IN THIS SPAC	JE
STREET ADDRESS GITY-ST-ZIP		STREET ADDRESS DITY-ST-ZIP		
TITLE	<del></del>	ITLE		
NAME	1	AME		
STREET ADDRESS CITY-ST-ZIP		TREET ADDRESS		
TILE		ITY-S1-ZIP		·-·
NAME		ITLE AME	•	1
STREET ADDRESS		IREET ADDRESS		
CITY-ST-ZIP		TY-ST-ZIP		
13. Thereby certify that the information supplied with this Hing indicated on this report or supplemental report is five and of the corporation or the receiver or trustee empowered attachment with an address, with all other like empowered.	does not qualify for the ex	xemption stated in Sec	tion 119.07(3)(i), Florida Statutes. I further cert	ify that the information
of the corporation or the receiver or trustee empowered attachment with an address, with all other like empowered	to execute this report as re	equired by Chapter 607	7, Florida Statutes; and that my name appears	in Block 11 or on an
	Il Hink	•	•	1
SIGNATURE: AND TYPED OR PROFIED NA	ME OF SIGNING OFFICER OR DIRE	CTOR		<del> </del>
	OF FIGURE OF UNKE		Date Da	ytime Phone #
				as clis

## J & J MEDICAL SUPPLIES & EQUIPMENT, INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

JORGE BOTTAIOLI

CORDIAI

PRESIDENT