FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-01-2004 90006 040 ***155.00
FILED P02000099284

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099284

1. Entity Name: Solution Medical Equipment, Inc
5209 NW 74 Ave # 205B
Miami FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5209 NW 74 Ave		5209 NW 74 Ave	
Suite, Apt. #, etc. 205B		Suite, Apt. #, etc.	
City & State: Miami FL		City & State	
Zip: 33166	Country: Dade	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 134210484 ☐ 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: Minet C. Lamelas
Street Address (P.O. Box Number is Not Acceptable): 6420 NW 200 St
City: Miami FL — FL Zip Code 33015

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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Aug 30 2004 DATE

January 1 - May 1 Fee is $150.00
~~After May 1, Fee is $550.00~~
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Isabel M. Lamelas	NAME	
STREET ADDRESS	80 E 39 st	STREET ADDRESS	
CITY-ST-ZIP	Hialeah Fl 33013	CITY-ST-ZIP	
TITLE	(Vice President)	TITLE	
NAME	Minet C. Lamelas	NAME	
STREET ADDRESS	6420 NW 200 st	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Aug 30, 2004 Date — (786) 277-9896 Daytime Phone #

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To whom it may concern:

My name is Miret C. Lamela a Vice-President of Solution Medical Equipment, Inc with address:

5209 NW 74 Ave suite # 205B
Miami FL 33166 ph # (3) 994-1412

I did received a letter from Florida Division of Corporation regarding our company Annual Report asking for an aditional $ 400 to avoid the dissolution of our company Corporation. I would like to let you know that I never received any papel before, my self call the Divicion of Corporation and ask for an applicateon, durant the conversacion with a Corporation officer I did find out that on my address they missing my suite # which I did corrected Inmediately also I'm asking to see if Florida Division of Corporation can make and exception to my company not to dissolved our Corporation because this mis understanding.

Thank You very much.