

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000101019

Entity Name: CARAL MEDICAL,INC

FILED  
Apr 30, 2003  
Secretary of State

## Current Principal Place of Business:

15238 SW 146 ST  
MIAMI, FL 33196 US

## New Principal Place of Business:

## Current Mailing Address:

15238 SW 146 ST  
MIAMI, FL 33196 US

## New Mailing Address:

FEI Number: 52-2378204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESPINASSE, RALPH  
15238 SW 146 ST  
MIAMI, FL 33196 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: LESPINASSE, RALPH P  
Address: 15238 SW 146 ST  
City-St-Zip: MIAMI, FL 33196

Title: VP ( ) Change (X) Addition  
Name: LESPINASSE, CARINE VP  
Address: 15238 SW 146 ST  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH LESPINASSE

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date