2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P02000104769

FILED
03 AUG 13 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Re'R Medical Equipment & Supplies, Inc.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
15321 NW 60th Ave #107 Hialeah, FL 33014	~~8805 NW 168th St. Miami Lakes FL 33018~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	15321 NW 60th Ave Suite, Apt. #, etc. #107
City & State	City & State Miami Lakes FL
Zip / Country	Zip 33014 / Country US

4. FEI Number 810572293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~Ramirez, Maria S 8805 NW 168th St, Miami Lakes, FL 33018~~	Name Jorge Calada Street Address (P.O. Box Number is Not Acceptable) 15321 NW 60th Ave #107 City Miami Lakes FL Zip Code 33014

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 X [signature] 8/6/03

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD Ramirez, Ernesto 8805 NW 168th St Miami Lakes, FL 33018~~	☐ Delete	PD Calada, Jorge 15321 NW 60 Ave, #107 Miami Lakes FL 33014	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD Rodriguez, Carlos A. 3845 W. 10th Drive Hialeah, FL 33012~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800022287348 08/13/03--01049--006 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] SIGNATURE REQUIRED 8/6/03