


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

-61015 AV

DOCUMENT # P02000109705 1. Entity Name WOOD MEDIC INC.	
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FILED

05 MAR 21 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 12530 SW 207 TERR MIAMI FL 33177	Mailing Address 12530 SW 207 TERR MIAMI FL 33177
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2. Principal Place of Business 15826 S.W. 284 ST Suite, Apt. #, etc. N.A.	3. Mailing Address 15826 SW. 284 ST Suite, Apt. #, etc. NA
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CHECK HERE IF MAKING CHANGES

City & State HOMESTEAD, FL.	City & State HOMESTEAD, FL.	4. FEI Number 33-1029149	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33033	Country U.S.A.	Zip 33033	Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUIZ, HANNIBAL I 12530 SW 207 TERR MIAMI FL 33177	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 HANNIBAL I RUIZ *Hannibal Ruiz* President, OWNER 2/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUIZ, HANNIBAL I 12530 SW 207 TERR MIAMI FL 33177

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUIZ, HANNIBAL I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15826 SW. 284 ST HOMESTEAD - FL 33033

TITLE NAME STREET ADDRESS CITY-ST-ZIP	p. 2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300049904503 04/05/05--01045--009 **1050.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	3325 South Tamiami Trail Sarasota, FL 34239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 03-05
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIN-P CR2E098 (6/04)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	03142005 REIN-P CR2E098 (6/04)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Hannibal Ruiz *Hannibal Ruiz* President 2/12/05 786.299.6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)