2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# P02000110995

Entity Name: EPE MEDICAL SERVICES INC.

Current Principal Place of Business:

12595 SW 137 AVE
105
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12595 SW 137 AVE
105
MIAMI, FL 33186

New Mailing Address:

FEI Number: 06-1652333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES MARTINEZ, ELBA
12595 SW 137 AVE
105
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ULLOA, LARRY A
12595 SW 137 AVE
105
MIAMI, FL 33186 US

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: LARRY A. ULLOA 10/08/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTINEZ, ELBA V
Address: 12595 SW 137 AVE # 105
City-St-Zip: MIAMI, FL 33186

Title: VD (X) Delete
Name: ULLOA, ARNOLDO
Address: 12595 SW 137 AVE #105
City-St-Zip: MIAMI, FL 33186

Title: SD (X) Delete
Name: PULIDO, JORGE
Address: 12595 SW 137 AVE #105
City-St-Zip: MIAMI BEACH, FL 33186

Title: TD (X) Delete
Name: BENSON, DR. RALPH JR.
Address: 12595 SW 137 AVE #105
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ULLOA, LARRY A
Address: 12595 SW 137 AVE # 105
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LARRY A. ULLOA P/D 10/08/2009
Electronic Signature of Signing Officer or Director Date