


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000112045	
1. Entity Name Twins Medical Supply, Inc.	

FILED
03 OCT 17 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1790 W. 49 Street, Suite, Apt. #, etc. Suite 305-2 City & State Hialeah, FL.		3. Mailing Address 1790 W. 49 Street, Suite, Apt. #, etc. Suite 305-2 City & State Hialeah, FL.		4. FEI Number 22-3877695	Applied For <input type="checkbox"/> Not Applicable
Zip 33012	Country USA	Zip 33012	Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name LEON, VLADIMAR	
	Street Address (P.O. Box Number is Not Acceptable) 1790 W. 49 Street,	
	City Hialeah	FL Zip Code 33012

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	President LEON, VLADIMAR 1790 W. 49 Street, Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023870704 10/17/03--01022--017 **150.00
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON, VLADIMAR

10/14/03

305-441-7912

Date

Daytime Phone #

oh

October 14, 2003

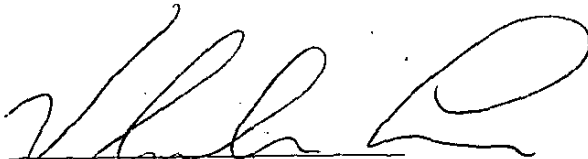
Twins Medical Supply, Inc.

P02000112045

Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

As per my conversation with the specialist at the Division of Corporations, Twins Medical Supply, Inc. never received its annual business report. Therefore, we have submitted with this letter the enclosed UBR. Also enclosed is the appropriate annual fee.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Leon, Vladimir', written over a horizontal line.

LEON, VLADIMIR
President