2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

P02000119053

Mailing Address

DOCUMENT # 1. Entity Name

Principal Place of Business

PPG MEDICAL SERVICES, INC.

changed, or on an attachment with an address

SIGNATURE:

ith all other like empo

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90489 031 ***150.00

1455 N.W. 14 STREET 1455 N.W. 14 STREET **MIAMI FL 33125** MIAMI FL 33125 ncipal Place of Business ilina Addres Suite, Apt. #. etc ☐ CHECK HERE IF MAKING CHANGES HEI Number Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent METSCH, BENJAMIN R Street Address (P.O. Box Number is Not Acceptable 1455 N.W. 14 STREET MIAMI FL 33125 8. The above named entity submits this statement for the surpose 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 ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS(\$150.00) 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 アッシュ ☐ Delete ☐ Addition CR2E034 (10/02) TITLE TITLE GONZALEZ, PEDRO P NAME NAME STREET ADDRESS 1455 N.W. 14 STREET STREET ADDRESS 5 57 **MIAMI FL 33125** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change OWSWIES GONZALEZ, PEDRO P NAME NAME 1455 N.W. 14 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-7IP CITY-ST-ZIE ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 empsywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #