FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90103 001 ***150.00

DOCUMENT # P02000123192

1. Entity Name

V.R.Medical Services,Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7220 NW 36TH Street	7220 NW 36TH Street
Suite, Apt. #, etc.: Suite 624	Suite, Apt. #, etc.: Suite 624
City & State: Miami,Fl	City & State: Miami.Fl
Zip: 33166 / Country: Miami-Dade	Zip: 33166 / Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0754453 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Maikenis Suarez / President

Street Address (P.O. Box Number is Not Acceptable): 7220 NW 36TH Street

City: Miami, FL Zip Code: 33166

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: _____ Maikenis Suarez / President — Jan 14,2004

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	Maikenis Suarez / President 7220 NW 36TH Street Miami,Fl 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Raciel Gonzalez / Vise-President 1455 NW 14TH Street Miami,Fl 33125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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: _____ Maikenis Suarez / President — Jan 14,2004 — (305)500-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #