

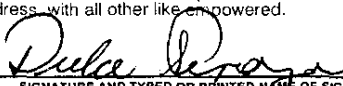


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000124818 <small>1. Entity Name</small> Wilmer Medical Equipment, Inc.			FILED 04 MAR 18 AM 10:41 SECRETARY OF STATE TALLAHASSEE FLORIDA
DO NOT WRITE IN THIS SPACE			
<small>2. Principal Place of Business</small> 15291 NW 60 ave <small>Suite, Apt. #, etc.</small> 110 <small>City & State</small> Miami Lakes <small>Zip</small> 33014 <small>Country</small> U.S.A		<small>3. Mailing Address</small> <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small> <small>Country</small> 	
<small>4. FEI Number</small> 13-4223104		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required		REINSTATEMENT 03-04 <small>DO NOT WRITE IN THIS SPACE</small>	
DO NOT WRITE IN THIS SPACE		<small>7. Name and Address of Current Registered Agent</small>	
		<small>Name</small> Dulce Peraza	
		<small>Street Address (P.O. Box Number is Not Acceptable)</small> 9124 NW 172 terrace	
		<small>City</small> Miami <small>FL</small> <small>Zip Code</small> 33018	
<small>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.</small>			
<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small>  <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent's signature required when reinstating.)</small></div><div><small>DATE</small></div></div>			
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		<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<small>10. OFFICERS AND DIRECTORS</small>			
<small>TITLE</small>	PD Dulce Peraza	<small>TITLE</small>	500030952755
<small>NAME</small>	Dulce Peraza	<small>NAME</small>	03/23/04--01/18--014 **300.00
<small>STREET ADDRESS</small>	9124 NW 172 terr	<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	Miami, FL 33018	<small>CITY-ST-ZIP</small>	
<small>TITLE</small>		<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>		<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>		<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
DO NOT WRITE IN THIS SPACE			
<small>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.</small>			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div><small>Date</small> 3/11/04.</div><div><small>Daytime Phone #</small> 305-512-2839</div></div>	

Attachment

Florida Department of State
Division of Corporation
P.O Box 6327
Tallahassee, Fl 32314

Ref: **Wilmer Medical Equipment, Inc**
15291 NW 60 Avenue Ste 110
Miami Lakes, Fl 33014

Document # **P 02000124818**

To whom it may concern:

By this mean I would like to inform you that we never received the annual uniform report of this corporation as a result we have not sent any payment. This month was of our knowledge that this corporation is inactive. As I said before we never received any notification neither the first or second notice.

I am sending the annual report corresponding to 2002 & 2003 and a check in the amount of
\$ 300.00

If you have any questions please contact me at **305-512-2839**

Thank you in advance.

Sincerely,



Dulce Peraza
15291 N 60 Avenue Ste 110
Miami Lakes, Fl 33014