2003 **FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

1/2

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 PM 12:01

DOCUMENT # P02000127699

1. Corporation Name
AMELIA MEDICAL EQUIPMENT, INC.

[redacted]

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1746 W 68 ST HIALEAH FL 33014	1746 W 68 ST HIALEAH FL 33014

3. Date Incorporated or Qualified: 12-4-2002

2. Principal Place of Business	2a. Mailing Address
21 11746 W 68 ST	26 11746 W 68 ST
22 Suite, Apt. #, etc. 104	27 Suite, Apt. #, etc. 104
23 City & State HIALEAH FL	28 City & State HIALEAH
24 Zip 33014 / 25 Country U.S.A	29 Zip / 30 Country

4. FEI Number 42-1568864 — Applied / Not Ap

5. Certificate of Status Desired ☐ — **$8.75** Addit Fee Requir

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Added to Fe

8. This corporation owes or has paid the current year intangi Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMELIA MARQUEZ 5891 W 9 Lane HIALEAH FL 33012	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Melissa M. Hooker — 7/14/4
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐
NAME	MARQUEZ AMELIA	1.2 NAME	
STREET ADDRESS	5891 W 9 Lane	1.3 STREET ADDRESS	700039738837
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	07/30/04--01067--003 **300.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 info indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a 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 appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melissa M. Hooker President (305) 822-2425 7/14/4

2/2

July 16, 2004

Division of Corporation
Uniform Business Report Filings

From: AMELIA MEDICAL EQUIPMENT, INC.
P02000127699

Through this I want to notify that the papers for Uniform Business report never been send to me.

I went to an Accounting Office and they let me Know the amount to be pay for the company and also the reports.

I apology for the inconvenient then here I am sending my payments for the year of 2003-2004.

Any question contact me (305) 828-2425

Sincerely,

Amelia Marquez

AMELIA MARQUEZ
President