## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # POBOGOO40278  1. Entity Name PALERMO HOME MEDICAL GOUIPMENT CORP				Secretary of State 05-04-2004 90156 017 ***150.00		
	DO NOT WRITE	IN THIS SPAC	Œ			
2. Principal P	lace of Business  ALEST FLAGATER STREE  #, etc.  995	3. Mailing Address 170/ U/E5/ FL/ Suife, Apt. #, etc.	AGLER STRE	CT DO NOT WRITE I	N THIS SPACE	
City & Stat	MIAMI FL	City & State  MIAM	FL	4. FEI Number 56-2344	0.5.5 Applied For Not Applicab	le
Zip 33	3/35 Country	Zip 33135 Co.	intry	5. Certificate of Status Desired	S8.75 Additional Fee Required	
			Name	7. Name and Address of Current Re	Jistered Agent	
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17-17	DO NOT W		Street Address (	(P.O. Box Number is Not Acceptable)		
- 1. Vals	IN THIS SP	ACE	170/ 14	IEST FLAGKER	STREET 22	29
			City	118-111	FL Zip Code 93/	- بر
8. The above	named entity submits this statement for	the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida	1.	
SIGNATURE	Signature, typeid or priviled name of registered agent as	nd title if applicable (NOTE, Registe	red Agent signature required	when reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 May 1 Fee is \$150.09  After May 1, Fee is \$550.00  Armended UBR is \$61.25  Make Check Payable to Department of State				10. Election Campaign Financ Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	2.79				716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVILES DIANAI 1701 WEST FLAGO MIAMI FL	LERST ST 225 ST	使用的复数形式 不公司的 医高性性			時別に満
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13. I hereby o	certify that the information supplied with t	this filing does not qualify for the ex-	emption stated in Se	ction 119.07(3)(i), Florida Statutes, I fur	ther certify that the information	

3. I hereby certify that the information supplied with this iting does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-04 786

36-4BB-1470

Daytime Phone #