

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 030 ***150.00

DOCUMENT # P03000040278
1. Entry Name
 PALERMO HOME MEDICAL
 EQUIPMENT CORP.

Principal Place of Business **Mailing Address**

40066295

2. Principal Place of Business **3. Mailing Address**
 1701 WEST FLAGLER ST 1701 WEST FLAGLER ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 225 225

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 MIAMI - FL. MIAMI - FL.
Zip **Country** **Zip** **Country**
 33135 33135

4. FEI Number **Applied For**
 56-2344055 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 DIANA I AVILES
 1701 WEST FLAGLER STREET
 SUITE 225
 MIAMI - FL. 33135

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

SIGNATURE _____ (NOTE: Registered 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)

FILE NOW!!! FEE IS \$150.00
After MAY 15, 2006 Fee will be \$350.00
Check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE D. P.	<input type="checkbox"/> Delete
NAME DIANA I. AVILES	
STREET ADDRESS 1701 WEST FLAGLER STREET ST. 225	
CITY - ST - ZIP MIAMI - FL. 33135	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana Aviles* **Diana Aviles** **04-19-06 (305)642-3340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone #