2006 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90442 038 ***150.00

DOCUMENT # P03000059352

1. Entity Name
CОREMED INC

Principal Place of Business

Mailing Address

60031187

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1399 N.W. 17 AVE	1399 N.W. 17 AVE.
Suite, Apt. #, etc. SUITE 205	Suite, Apt. #, etc. SUITE: 205
City & State MIAMI FL.	City & State MIAMI - FL.
Zip 33125 Country	Zip 33125 Country

4. FEI Number 87-0697419 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JUANA F. REYES

Street Address (P.O. Box Number is Not Acceptable) 1399 N.W. 17 AVE. SUITE #205

City MIAMI - **FL** Zip Code 33125

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 [signature] 04-18-06

Signature, typed or printed name of registered agent and title if applicable. (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 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUANA F. REYES 1399 N.W. 17 AVE. SUITE #205 MIAMI - FL. 33125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 04-18-06

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