

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000065214 1. Entity Name Y.O. & L. MEDICAL EQUIPMENT CORP.					
Principal Place of Business %MIGUEL A. MARTINEZ 3383 N.W. 7TH ST., STE. 211 MIAMI, FL 33125			Mailing Address %MIGUEL A. MARTINEZ 3383 N.W. 7TH ST., STE. 211 MIAMI, FL 33125		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01152004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALVAREZ, YOHANDRA 1151 NW 32 PL MIAMI, FL 33125				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <i>[Signature]</i> DATE 1/15/04 Signature of person who is authorized name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, YOHANDRA %3383 N.W. 7TH ST., STE. 211 MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MARTINEZ, MIGUEL A 3383 N.W. 7TH ST., STE. 211 MIAMI, FL 33125	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: _____ <i>[Signature]</i> DATE 1/15/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		