2	2004	FOR PROFI	T CORPORA REPORT		FILED Sep 17, 2004 8:00 am Secretary of State				
1. Entity Nam	e	# P03000143					• • 04 90078 006 ***		
Principal Place of Business 2371 W 80 ST B 6 HIALEAH, FL 33016 US			Mailing Address 2371 W 80 ST B 6 HIALEAH, FL 33016 US		66433800				
2. Principal P	Tace of Busin	iess	3. Mailing Address	4					
Suite, Apt, #, etc.		<u>.</u>	Suite, Apt. #, etc.		08262004	Chg-P	CR2E034 (10/03)		
City & Stat	le	и И.	City & State		4. FEI Numb	er 144539		opliert For lot Applicable	
Zip		" Country	Zıp	Country		of Status Desired	\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
LOPEZ, GREGORIO 2371 W 80 ST B 6 HIALEAH, FL 33016			\$		s (P.O. Box Numb	er is Not Acceptable	2) 	······································	
				City			FL Zip Con		
	tions of regis		r the purpose of changing it	s registered office or regis TE: Registered Agen; signature regul	_	th, in the State of Fic	rida. 1 am tamiliar with	. and accept	
		FEE IS \$150.00 ptember 8, 2004	9, Election Camp. Trust Fund Cor	aign Financing\$	5.00 May Be ided to Fees		rith s. 607.193(2)(b), not receive the prior		
10. THEE NAME STREET ADDRESS CITY-ST-2IP	2371 W 8	OFFICERS AND SREGORIO 0 ST - B6 , FL 33016	DIRECTORS	11. HTLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11	
TITLE Nake Street address UTY-st-zif		а 9 - - - - - - - - - - - - - - - - - -	🗌 Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZP	· · · · · · · · · · · · · · · · · · ·		Chance	Addition	
TITLE Hardf Street Adoress Stry-St-Zip			Deleta	TITLE HAME STREET ADURESS CITY_ST-DP			Change	Addition	
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THLE Name Street address Opy-st-sip		• • • • • • • • • • • • • • • • • • •	🗌 Dekto	TITLE NAME STREET ADDRESS CHTY-ST-ZIP			Change	Adublica	
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indicated of the corr changed,	on inis repor poration or th ar on an atta	f or supplemental report is a receiver or trustee empore	Inis filing does not qualify to true and accurate and that r wered to execute this report ith all other fike empowered	ny signature shall have the as required by Chapter 60	e same legal ellec 17, Florida Statute	as il made under o	ath: that t am an officer	or director	
SIGNAT	VNE:	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNARD OFFICER	OR DURECTOR		Date	Distance Friday #		

Print Review IRS Form SS-4 EIN

Page 1 of 2

(66+33800)

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Attach Ment Page Dx. # DV 30001431-64

Gregorio Logez 267-99-8199 8a* Type of entity (check only one) □ Estate (SSN of decedent) Sole Proprietor (SSN) □ Plan administrator (SSN) Parmership □ Trust (SSN of grantor) Corporation (enter form number to be filed) ► 1120 □ National Guard Personal Service □ Federal government/military Church or church-controlled organization □ REMIC Cother (specify) ► Group Exemption N0. (GEN) ► Bo* If a corporation, name the state or foreign country State Y Reason for applying (check only one) P arenal Service □ Parkased going business Hirtod employees (Check the box and see line 12) □ Created a presion plan (specify type) ► Complance with IRS withholding regulations □ Created a presion plan (specify type) ► Other (specify) ► 11* Closing month of accounting year 10* Date business started or acquired (month, day, year) 11* Closing month of accounting year 12 Erst date wages or annuifes were paid or will be paid (month, day, year) JAN 1 12 First date wages or annuifes were paid or will be paid (month, day, year) JAN 1 12 First date wages or annuifes were paid or will be paid (month, day, year) JAN 1 14 Check tox fat best describ	SS-4 Application	er Identificatio	EIN						
Interact Revenue Service ▶ See separate instructions for each line. ▶ Keep a copy for your records. OMB No. 1545000 1* Legal name of entity (or holvicual) for whom the EIN is being requested Care Servi Medical Equipment Cop 3 Executor, fusilee, "care of name 1* Legal name of entity (or holvicual) for whom the EIN is being requested Care Servi Medical Equipment Cop 3 Executor, fusilee, "care of name 1* Mailing address (room, apt, suile no. and street, or P.O. box) 3 See Street address (if different) (Do not enter a P.O. box) 1* 1252 SW 1251 50 City, state, and ZIP code 5b City, state, and ZIP code 1* 1263 Arm 60 different item interpola business is located 50 City, state, and ZIP code 5b 1* 7 Name of printipal officer, general partner, grantor, owner, or trustor 7b* SSN (TIN, EIN 267.998-8159 2* Type of entity (check only one) Fata address (cooperative Fata address (cooperative) Fata address (cooperative) 2 Coloprontol organization (specify) ▶ Group Exemption NO. (GEN) ▶ Fata address (cooperative) Fata address (cooperative) Fata address (cooperative) 2 Fata address (cooperated) 2 Fata address table or foreign country F	lecember 2001) (For use by emp nent of the government agr	partnerships, trusts, estates ntities, certain individuals, a	20-04	44539					
Care Servi Medical Equipment Corp 2 Trade name of business (if different from name on line 1) 3 Executor, fustee, "care of" name 4a" Mailing address (room, apt, suite no and street, or P.O. box) 5e Street address (if different) (Do not enter a P.O. box) 1925 SN, tatle, and ZIP code 5b City, state, and ZIP code Haleaon FL, Sallo 6. 5b City, state, and ZIP code * Target name of principal outgress is located 267-98-8199 County and state where principal business is located 267-98-8199 County and State where principal business is located 267-98-8199 Corporation (enter form number to be filed) ► 1120 Estate (SSN of decadent) Partnership Charger administrator (SSN) Estate (SSN of decadent) Partnership Foreign country REMIC Indan tribal government/military Church or church-controlled organization REMIC Indan tribal government/military Preason for appking (check only one) Estate (SSN of grantor) Indan tribal government/military Preason for appking (check only one) Estate (SSN of grantor) Indan tribal government/military Partnership Foreign country Fermes' cooperative Indan tribal government/military Preason for appking (check only one) Enter (SSN of	ly b Cas comments in			OMB No.	1545-0003				
4a* Mailing address (mom, apL, suite no. and street, or P.O. box) Sa		being requested			· , ,				
11925 SW 12 SI 4b° City, state, and ZIP code 5b City, state, and ZIP code 5b City, state, and ZIP code 5c Cunity Dack State FL 7a° Name of principal difficer, general partner, grantor, owner, or trustor 7b° SSN, TTIN, EIN 267-99.8199 8a° Type of entity (check only one) Partnerstip Partnerstip 7b° SSN of grantor) Personal Service F Personal Service Church or church-controlled organization Coher comparition (granization (specify) + Coher comparition (granization (specify rype) Charged type of organization (specify rype) Fell Foreign country State Foreign country State Foreign country State Full and ninbal government/enteprises Coher (specify) * Coher (specify) * Construction Rental File and rent sub sets or loreign country File an	de name of business (if different from name on line	1)	3 Executor, trustee, "care of" name						
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Designee's fax number (include area code)	· } ·				. muniker (include	arca 1000)			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)	and complete.	ation , and to the best of	f my knowledge and belief, it is		phone number (in	clude area code)			