2004 FOR PROFIT CORPORATION REINSTATEMENT

KEINS I A I EMEN I						-	F11 (**)		
DOCUMENT # P03000154904 1. Entity Name P.R. MEDICAL EQUIPMENT, INC.						O4 DEC 13 PM 4: 22			
						-		7 4: 22	,
Principal Place of Business			Mailing Address 180 ₩ 58 ST			BEIN	STATEME		3//
180 W 58 ST Hialeah, Fl 33012			HALEAH, FL 33012			ا ۱۱ تا تا تا تا		U	7
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Principal Place of Business				dress					
Suite And Andrew			2011- 4-1-1	Ant # atc		GA		M 64512 1213 65M 614	
Suite, Apt. #. etc.			Suite, Apt. #, etc.			12022004	REIN-P . CF	R2E098 (6/04)	
City & State			City & State			4. FEI Number	5-0221956		plied For
Zip Country		γ	Zip Country		itry	¢0.75			
	, commy					5. Certificate of Status Desired - Fee Required			
6. Name and Address of Current Registered Agent Name						7. Name and	Address of New Register	ed Agent	
PEREZ, PEDRO R							<u></u>	·	
180 W 58 ST HIALEAH, FL 33012			Street		Street Address (et Address (P.O. Box Number is Not Acceptable)			
HIALEAN, FL 33012									
					City			Zip Code	₽
8. The above named entity sulfnits this parament for the purpose of changing its registered office or registered									and accept
the obligations of registered agent.									
SIGNATURE SIGNATURE									
	Spean partyped or printed na	rne of registered agent ar	nd true if applicable. (NOT	E: Register	ed Agent eigneture requi	red when reinstating)) DA	īE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	,	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFICERS	AND DIRECTOR	3 IN 11
TITLE NAME	PEREZ, PEDRO I		☐ Delete	TITL NAM				Change	☐ Addition
STREET ADDRESS	180 W 58 ST	STREET ADDRESS		-	1373	0 004361 1 3/040102901	2468,		
CITY-ST-ZIP	HIALEAH, FL 330	112		сту	-ST-ZIP	16/63	0/04==01023==0.	13 **100	.00
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CITY-ST-ZIP				CITY	-ST-21P				
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CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE			☐ Delete	TITL	1			Change	Addition
NAME Street Adoress				NAM	E Et address				ļ
CITY-ST-ZIP					-ST-ZIP		•		
12. 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 of trustes explowered 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 actives, with all other like empowered.									
SIGNATURE									
I	SIGNAT	URE AND TYPED OR PE	WITED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Daytime Phone #	