

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000154904 1. Entity Name P.R. MEDICAL EQUIPMENT, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 DEC 13 PM 4:22 REINSTATEMENT 04	
Principal Place of Business 180 W 58 ST HIALEAH, FL 33012				Mailing Address 180 W 58 ST HIALEAH, FL 33012			
2. Principal Place of Business			3. Mailing Address			 12022004 REIN-P CR2E098 (8/04) 30-0221956 Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent PEREZ, PEDRO R 180 W 58 ST HIALEAH, FL 33012						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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 DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, PEDRO R 180 W 58 ST HIALEAH, FL 33012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 800043610468 12/23/04--01029--013 **150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date Daytime Phone #			