


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90276 007 \*\*\*150.00

DOCUMENT # P04000113236 1. Entity Name  Ros Medical Supplies, Inc.	
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**DO NOT WRITE IN THIS SPACE**

**20041594**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16934 S Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 16934 S Dixie Hwy Suite, Apt. #, etc.		4. FEI Number 83-0403427	Applied For <input type="checkbox"/> Not Applicable
City & State Miami, FL		City & State Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33157	Country Miami-Dade	Zip 33157	Country Miami-Dade		

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Nieto, Araelia
Street Address (P.O. Box Number is Not Acceptable)  16934 S Dixie Hwy
City Miami FL Zip Code 33157

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-05

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25.**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nieto, Araelia 15911 SW 138 Terr Miami, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Araelia Nieto 04-20-05 305 256-9910

CR2E034B (12/02)