2007 FOR PROFIT CORPORATION. REINSTATEMENT

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DOCUMENT # P04000133				5	2 4 S		FILED			
1. Entity Name AMT MEDICAL EQUIPMENT, INC								o pm 1:5	6	
							0	MAR 12 PM 1:5		
Principal Place	e of Business	<u>, , , , , , , , , , , , , , , , , , , </u>	M	ailing Address		1		ECRETARY OF STA LLAHASSEE, FLOR	It SINA	
4070 NW 132 ST.				4070 NW 132 ST.				LAHASSEE, FLOR	(1011	
BAY - Q Opalocka, Fl. 33054 US			BAY - Q Opalocka, Fl. 33054 US				"			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03062007	ALEME	098 (1 /07)	06.01
City & State			City & State				4. FEI Number 20-165		No	plied For t Applicable
Zip		Country		Zip	Cour	ntry	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
	6. Name an	nd Address of Current I	Regis	tered Agent			7. Name and	Address of New Registered	Agent	
MOREJON, ANGELICA M						Name				
4070 NW 132 ST.						Street Address (P.O. Box Number is Not Acceptable)				
BAY - Q OPALOCKA, FL 33054										
	.,					City		FL	Zip Code	9
8. The above	named entity s	ubmits this statement for	the I	ourpose of changing its	register	ed office or register	red agent, or bo			and accept
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 Significe, typed of or mind name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
	Supreme, Typed or D	orinted harrie of registered agent a	ина тан	паррисале. (МОТ	E: Register	red Agent Eignsture requi	red when reinstating) DATE		
FIL	LE NOW!!! I	FEE IS \$300.00						In accordance with s. 603 corporation did not receive	7.193(2)(b), ve the prior r	F.S., the notice.
10.		OFFICERS AND	DIRE	CTORS	11.		ADDITIONS	I /CHANGES TO OFFICERS ANI	DIRECTORS	S IN 11
TITLE NAME	PVP	ANCELICA M		☐ Delete	TITL		_		☐ Change	☐ Addition
STREET ADDRESS	MOREJON, ANGELICA M ADDRESS 4070 NW 132 ST					EET ADDRESS	0271	0009371 6 9/0701027020	:151) **601	000
CITY-ST-ZIP	OPALOCKA	, FL 33054			CITY	Y-ST-ZIP	03/1			
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STREET ADDRESS						EET ADORESS	-	നനനന്നു ന	4 (-4	
CITY+ST-ZIP				· · · · _	CITY	Y-ST-ZIP	- 03/1	00093718 9/07 - 01027 - 02 3	151 ***30	1.00
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TITLE NAME	i 			☐ Delete	TITE NAM				Change	Addition
STREET ADDRESS						EET ADORESS				
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STREET ADDRESS						EET ADDRESS				
CITY-ST-ZIP					CiT	Y-ST-ZIP				
TITLE NAME				☐ Delete	THI	··· {			Change	☐ Addition
STREET ADDRESS	:					REET ADDRESS				}
CITY-ST-ZIP	<u> </u>					Y-ST-ZIP				
indicated	on this report of	or supplemental report is	true	and accurate and that	my signa	ature shall have the	same legal effe	Florida Statutes. I further ce ct as if made under oath; that I	am an officer	or director
		receiver or trustee empo hment with an address,				iired by Chapter 60	v, Florida Statut	es; and that my name appears	in Block 10 o	r Block 11 if
SIGNAT	TIDE. 14	((%)								
SIGNAL	UNE	SIGNATURE AND TYPED OR F	RUNTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Daytme Phone #	