


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

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90161 044 ***150.00

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| DOCUMENT # P04000154772 |  |
| 1. Entity Name Suncoast Med Equipment Supply, Inc. | |

DO NOT WRITE IN THIS SPACE

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|---|-----------------------|-------------------------------------|-----------------------|
| 2. Principal Place of Business 7221 SW 24 Street | | 3. Mailing Address PO Box 558081 | |
| Suite, Apt. #, etc. Suite # 206 | | Suite, Apt. #, etc. | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33155 | Country Miami-Dade | Zip 33255 | Country Miami-Dade |

DO NOT WRITE IN THIS SPACE

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| DO NOT WRITE IN THIS SPACE | 4. FEI Number 06-1734960 | | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name Reynoso, Mireya | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| 7221 SW 24 Street Suite 206 | | | |
| City Miami | | FL | Zip Code 33255 |

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 *Mireya Reynoso* DATE 2/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Reynoso, Mireya / P PO Box 558081 Miami, FL 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Suarez, Edgar / VP PO Box 558081 Miami, FL 33155 | 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: *Mireya Reynoso* DATE 2/28/05 (786) 797-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)