FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/20/2005-90041-017-$150.00-$150.00

DOCUMENT # P04000162280

1. Entity Name

L. I. Medical Equipment, Inc.

FILED
05 FEB 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50004285

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
156 NW 27 Ave	156 NW 27 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami , Fl	City & State: Miami , Fl
Zip: 33125 Country: Miami-Dade	Zip: 33125 Country: Miami- Dade

4. FEI Number 20-1964364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Manuel Mesa

Street Address (P.O. Box Number is Not Acceptable): 156 NW 27 Ave

City: Miami FL Zip Code: 33125

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: X Manuel Mesa Manuel Mesa / President 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 P NAME STREET ADDRESS CITY-ST-ZIP	Manuel Mesa 156 NW 27 Ave Miami, Fl 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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: X Manuel Mesa Manuel Mesa 1/13/05 786-202-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #