

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089082

Entity Name: MEDICAL WASTE INC

**FILED**  
**Jul 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3750 NW 28 STREET  
107  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

3750 NW 28 STREET  
107  
MIAMI, FL 33142 US

**New Mailing Address:**

FEI Number: 80-0270416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ-RAMOS, JOSE  
1505 NW 34 AVENUE  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DIAZ-RAMOS, JOSE  
Address: 1505 NW 34 AVENUE  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE DIAZ RAMOS

P

07/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date