FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020768 (6)

1. Current Name

MOBILE MEDICAL, INC.

Principal Place of Business	Mailing Address
210 N.W. 62ND AVENUE MIAMI FL 33126	210 N.W. 62ND AVENUE MIAMI FL 33126

(Document Number of Corporation)

3. Date of Incorporation or Qualification: 03/15/1993

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 15841 S.W. 99TH AVE	2a. Mailing Address 26 15841 S.W. 99TH AVE	4. FEI Number 65-0441786	Applied For Not Applicable
Suite, Apt. # or 22	Suite, Apt. # or 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 MIAMI FL.	City & State 28 MIAMI FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33157	Country 25 USA	Zip 29 33157	Country 30 USA

8. The corporation has authority to distribute funds to political parties or candidates pursuant to Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEYVA, GUILLERMO 210 N.W. 62ND STREET MIAMI FL 33126	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1007 and/or 1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent, Registered Agent must sign here) DATE

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE PS NAME LEYVA, GUILLERMO STREET ADDRESS 210 N.W. 62ND AVENUE CITY-ST-ZIP MIAMI FL 33126	☑ Change ☐ Addition TITLE PS NAME LEYVA, GUILLERMO STREET ADDRESS 15841 S.W. 99TH AVE. CITY-ST-ZIP MIAMI, FL. 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 in Block 12 or Block 13 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

4-26-95 DATE

305 256 1345 DAYTIME PHONE #

0122A03 CP