2000 UNIFORM BUSINESS REPORT (UBR)

5/22/00-90132-049-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 AM 6:24

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000028153

1. Entity Name

NEW LIFE RENTAL MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
7641 PINES BLVD. PEMBROKE PINES FL 33024 — CHANGE	7641 PINES BLVD — CHANGE. STE 600 PEMBROKE PINES FL 33024-6912 US

2. Principal Place of Business		3. Mailing Address	
7613 Pines Blvd		8362 Pines Blvd.	
Suite, Apt. #, etc. Pembroke Pines.		Suite, Apt. #, etc. # 235	
City & State Pembroke Pines Fl.		City & State Pembroke Pines Fl	
Zip 33024	Country U.S.A.	Zip 33024	Country U.S.A.

4. FEI Number 65-0401044 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NIEVES, DIEGO H~~ ~~7641 PINES BLVD.~~ ~~PEMBROKE PINES FL 33024~~	Name LUZ STELLA NIEVES. Street Address (P.O. Box Number is Not Acceptable) 7613 Pines Blvd City PEMBROKE PINES FL Zip Code 33024

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIEVES, DIEGO H 7641 PINES BLVD. PEMBROKE PINES FL 33024 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Julio E. Martinez - Treasurer 7613 Pines Blvd Pembroke Pines Fl. 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD NIEVES, LUZ E. 7641 PINES BLVD PEMBROKE PINES FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD Nieves, Luz S. 7613 Pines Blvd Pembroke Pines, FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/26/00 9621077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

New Life Rental
Medical Equipment, Inc.
7613 Pines Blvd., Pembroke Pines, FL 33024
Phone (954) 962-1077
Beeper (954)7134798 • Fax (954) 962-2107

TO WHOM IT MAY CONCERN:

REFERENCE NUMBER P93000028153

Because of my change address I received your notification ON September 20/00. [illegible]

BECAUSE OF this CHANGE, I would like to WAIVE the REINSTATEMENTS FEES. [illegible]

SINCERELY,

Luz Stella Nieves

NEW LIFE RENTAL
MEDICAL EQUIPMENT INC.
7613 PINES BLVD.
PEMBROKE PINES, FL 33024