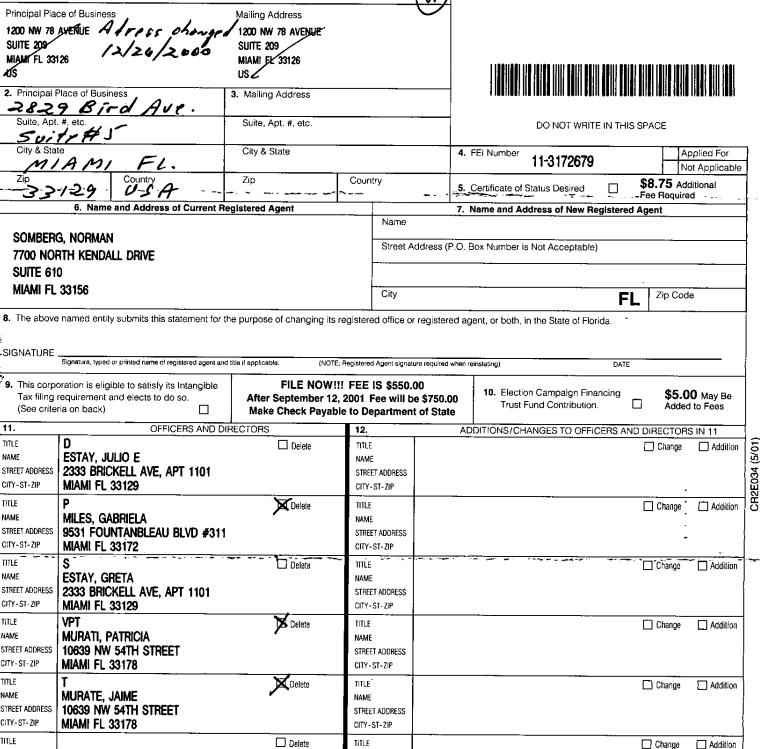
'. 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000058925 1. Entity Name LEMARE MEDICAL, INC. Principal Place of Business Mailing Address 1200 NW 78 AVERUE Alress ohon 1200 NW 78 AVENUE SUITE 209 **SUITE 209** 12/26/2000 MIAM! FL 33126 MIAMI EL 33126 US Z 2. Principal Place of Business 3. Mailing Address 2829 Bird Suite, Apt. #, etc. SuitrA City & State City & State Country 6. Name and Address of Current Registered Agent Name

Aug 14, 2001 8:00 am Secretary of State

08-14-2001 90008 003 ***150.00



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.

City

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

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SOMBERG, NORMAN

(See criteria on back)

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SUITE 610 **MIAMI FL 33156**

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7700 NORTH KENDALL DRIVE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

ESTAY, JULIO E

MIAMI FL 33129

MILES. GABRIELA

MIAMI FL 33172

ESTAY, GRETA

MIAMI FL 33129

MURATI, PATRICIA

MIAMI FL 33178

MURATE, JAIME

MIAMI FL 33178

10639 NW 54TH STREET

10639 NW 54TH STREET

2333 BRICKELL AVE, APT 1101

9531 FOUNTANBLEAU BLVD #311

2333 BRICKELL AVE, APT 1101

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

'Uze regaired AND TYPED OR PRINTED NAME OF SIGNING

Dut

774798

LEMARE MEDICAL, INC 2829 Bird Ave. PMB 305 Miami. Fl. 33133

TEL: (305) 285-9513 FAX: (305) 285-1191

Email: lemaremed@aol.com

August 9th., 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

The company closed down its place of business at the old address (1200 N.W., 78 Ave. suite 209 Miami, FL 33126) on December 26th. 2000 and the new mailing address is indicated in the attached form. Probably because of this fact and that the writer has been out of the country for most of the first six month of the year, we never received the original form. We always filed this form in the past on time.

The Corporation is winding down and we have no employees since we left the old address. Our business have been reduced drastically and due to large losses incurred last year we can't afford the fine being imposed.

We are asking for your understanding and abatement of the additional charges.

We are enclosing check for \$150.00 in anticipation of your kindness.

Cordially yours

LeMare Medical, Inc.

Chairman