

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 23, 2003 8:00 am
Secretary of State**

05-23-2003 90145 007 ***150.00

DOCUMENT # P 93000068277
1. Entity Name
EAGLE Medical Equipment Intc

DO NOT WRITE IN THIS SPACE

90137694

2. Principal Place of Business <i>601 SW 123 AVE</i>		3. Mailing Address <i>601 SW 123 AVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>	
Zip <i>33184</i>	Country <i>MIAMI Dade</i>	Zip <i>33184</i>	Country <i>MIAMI Dade</i>

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4. FEI Number <i>65-0440957</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <i>YEMILE VERA</i>
Street Address (P.O. Box Number is Not Acceptable) <i>601 SW 123 AVE</i>
City <i>MIAMI</i>
State <i>FL</i>
Zip Code <i>33184</i>

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]* DATE *5/19/03*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PTS YEMILE VERA 601 SW 123 AVE MIAMI FL 33184</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 of the same empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without being empowered.

SIGNATURE: *[Signature]* DATE *5/19/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

90137694
#P93000068277

May 19 2003

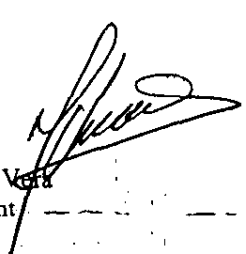
Division of Corporation
Tallahassee, Fl.

RE: Annual Report for
Eagle Medical Equipment Inc
On-Site Medical Center Inc

Attached there is the report for the corporations show above.

We moved and do not received the reports on time.

We appreciated very much you attention to this matter.



Yemile Vera
President