

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90310 004 \*\*\*150.00

**DOCUMENT # P94000076829**

1. Entity Name  
**APEXMED, INC.**



Principal Place of Business  
**7581 SW 109TH PLACE  
MIAMI FL 33144**

Mailing Address  
**POST OFFICE BOX 441042  
MIAMI FL 33144-1042**

2. Principal Place of Business  
**640 NW 36th Ct**

3. Mailing Address  
**640 NW 36th. CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**D**

**D**

City & State  
**Miami, FL**

City & State  
**Miami, FL 331**

4. FEI Number **65-0453818**

Applied For

Not Applicable

Zip Country  
**33125 Miami-Dade**

Zip Country  
**33125 Miami-Dade**

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**

**RODRIGUEZ, DIANA  
640 NW 36TH COURT STE. D  
MIAMI FL 33144-1042**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **PINANGO, ORLANDO**  
STREET ADDRESS **5055 NW 7TH STREET STE. 802**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P/S/T/D** ☒ Change ☐ Addition  
NAME **RODRIGUEZ, DIANA**  
STREET ADDRESS **640 NW 36th. CT # D**  
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**4/25/03**

**305-649-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)