

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

DOCUMENT # **P95000034038**

1. Entity Name  
**R.F. MEDICAL EQUIPMENT, INC.**



Principal Place of Business  
**2455 WEST FLAGLER ST.  
SUITE 4  
MIAMI FL 33135**

Mailing Address  
**2455 WEST FLAGLER ST.  
SUITE 4  
MIAMI FL 33135**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **65-0579249**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~IDLAMIS DEL ROSARIO AVILA  
2455 WEST FLAGLER STREET  
SUITE 4  
MIAMI FL 33135~~

Name **ROBERTO SANCHEZ**

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

**2455 WEST FLAGLER STREET - STE 4**

City **MIAMI**

**FL**

**Zip Code**

**33135**

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

*Roberto Sanchez*

*ROBERTO SANCHEZ*

*4/26/03*

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  **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE **VD**  
NAME **DEL ROSARIO AVILA, IDALMIS**  
STREET ADDRESS **13220 SW 58TH TERRACE, APT #4**  
CITY-ST-ZIP **MIAMI FL 33183**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

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:

*Roberto Sanchez*

**REQUIRE PRESIDENT**

*4/26/03*

**(305) 643 1153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0233372

CR2E034 (10/02)