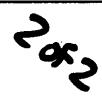
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CORPORATION		)N Mari	FLORIDA DEPARTMENT OF STATE  **Secretary of State  DIVISION OF CORPORATIONS				03 FEB 14 PM 1:25					
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LEVI I	MEDICAL 1	EQUIPMENT SU	PPLIES RE	ATAL &	SALES,	INC.						
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2. Principal Office Address			3. Mailing Offi	ce Address	10/	21						
12460 S.W. 8 STREET			12460 S.W. 8 STREET				1144	160.	<i>- ][</i>	YV	. U	R
Suite, Apt.			Suite, Apt. #, etc.				4. Date Incorporated or Qualified					
	<u> 207</u>		SUITE 207				To Do Business in Florida 05/23/95					
City & State			City & State				5. FEI Numbe			L	Applied Fo	or
MIAM]	·	ountry	MIAMI,		Country		65-058	2746			Not Applic	able
 33184		J.S.A.	33184		U.S.A.		6. CERTIFICATE	OF STATUS DI	SIRED		tional Fee requ tificate of Statu	
JJ10-	<u> </u>	, J.A.			ress of Curre		d Agent			<u>.                                    </u>	$\overline{}$	
<b>8. I</b> , being Signature o Registered	Street Address 12460 Suite, Apt. #, SUITE City MIAMI	egistered agent of the	Not Acceptable)  •			nd accept the	obligations of se	FL ection 607.0	ip Code 33184 505 or 617.6	0503, F.S.		ional forace
9 Names	and Street Add					ns must list at	least 3 directors	.)				ન
Titles	ames and Street Addresses of Each Officer and/or Director (Fl				Street Ad	1	City / State / Zip					
11863	Officers and/or Directors				Officer ar	nd/or Director			Oity			
PD	CARLOS BETANCOURT		12460	S.W.	8 ST.	, #207	MIAM	I, FL	33184	4		
		***************************************	<u>-</u>				•					
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filing that all	his reinstatemer I fees owed by t	fficer or director or the intapplication, the reason the corporation have bested on this application	on for dissolution hen paid and the na	nas been elim Imes of indivi	ninated, the co iduals listed o	orporate name in this form do	e satisfies the re not qualify for a	quirements on exemption	of section 60 under secti er oath.	07.0401 or 6 ion 119.07(3	17.0401, F.S., )(i), F.S.	
SIGNAT		Scare  ATURE AND TYPED OR F	PRINTED NAME OF	SIGNING OFFI	ICÉR OR DIREC	CTOR	P	<u> </u>	<u>/03</u>	305- Daytime Phon	7/8-77 •#	_ 8 <b>9</b>

<u>...</u>}-,





## Hoyos & Aguilar, P.A.

Certified Public Accountants

February 12, 2003

Division of Corporations Annual Report/Reinstatement Section 409 East Gaines Street Tallahassee, Florida 32314-6327

TAXPAYER:

LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES, INC.

DOC. NO.:

P95000040652

FORM:

FLORIDA CORPORATE ANNUAL REPORT

PERIODS:

1995 to 2003

## Gentlemen / Mesdames:

The above captioned taxpayer has requested that we write to you regarding the penalties imposed as a result of not filing the Florida Corporate Annual Report.

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely file and pay the Florida Corporate Annual Report but simply a result of facts to be stated below.

The taxpayer relocated its business during early 1996 and accordingly had its mail forwarded to the new address (12460 Southwest 8<sup>th</sup> Street, Suite 205, Miami, Florida 33184). After the move, the taxpayer had instances where mail that was expected was not received. As a result, the Annual Reports were mailed to the old address and they were never forwarded to the new address.

In light of the above facts, we respectfully request that all penalties be abated. Enclosed please find the completed Corporation Reinstatement Report and a check in the amount of \$1,265 for the 1995 to 2003 annual fee.

Please do not hesitate to contact us should you have any questions.

Sincerely

RÍCHARD AGÚJLÁR, CPA

Enclosures

cc: Carlos Betancourt, President