	ñ nui	LOUISI DOS	SINESS RE	PORT	(UBR)	•	- 1	**
DOCUMENT # P95000042254 1. Enlity Name						APP	FIGVES	
TAG MEDICAL EQUIPMENT, INC.						É	此的	į
Principal Place of Business Mailing Address						00 MAY -2	? PM 12:	36
4800 W. FLAGLER ST. P.O. BOX 350488 #109 Miami, FL 33135 Miami, FL 33134 2. Principal Place of Business 3. Mailing Address						SECRETARY OF STATE FAILAHASSEE, FLORIDA		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
City & Sta	ite	<del></del>	City & State			4. FEI Number		Applied For
Zip		Country	Zip	Coun	ntry	<b>65-0584584</b> 5. Certificate of Status Desired □		Not Applicable Additional
	6. Name	and Address of Curren	t Registered Agent	<del>- 1</del>	T	7. Name and Address of New Register	Fee Required Agent	rited
Re	ne	Ramirez			Name			
4800 W. FLAGLER ST. #109				09	Street Address (P.O. Box Number is Not Acceptable)			
, <del></del> , -							<del></del>	
Miami, FL 33134					City		Zip C	ode.
The above named entity submits this statement for the purpose of changing its registered office or registered.							FL Zip C	
o. The above	e nameo entir	y soomits this statement i	or the purpose of changin	ig its registere	ea onice or registe	ered agent, or both, in the State of Florida.		
SIGNATURE	<del></del>		<del></del>					
	<del></del>	or printed name of registered agen	the first of admired the to delibert a delibert of	Author the state of	d Agent signature require	ad when reinstaling) DA	TE	
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of the corporation of the receiver of 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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