MAR-15-02 FRI 10:15 AM LAZARUS CORPORATION FAX:305220144

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90961 025 ***150.00

DOCUMENT # P95000058938

1. Entity Name
HELP MEDICAL EQUIPMENT INC.

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B0057177

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2. Principal Place of Business	3. Mailing Address
1840 WEST 49TH PLACE	1840 W. 49TH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FLORIDA.	City & State: HIALEAH FLORIDA
Zip: 33012 Country: U.S.A.	Zip: 33012 Country:

4. FE Number: 65-0597221 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: YURINA NAPOLES
Street Address (P.O. Box Number is Not Acceptable): 755 WEST 29TH STREET
City: HIALEAH FLORIDA. FL Zip Code: 33012

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ________

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	YURINA NAPOLES
STREET ADDRESS	755 WEST 29TH PLACE
CITY-ST-ZIP	HIALEAH FLORIDA. 33012
TITLE	
NAME	
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CITY-ST-ZIP	
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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 or trustee 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 all other like empowered.

SIGNATURE: (PRESIDENT) 03/12/02
Signature and title or printed name of signing officer or director — Date — Daytime Phone #