2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066962

GOLDEN YEARS MEDICAL EQUIPMENTS OF MIAMI, INC.

Principal Place of Business Mailing Address 4700 N.W. 7TH ST. N.W. 7TH ST. CIRCADU MIAMI FL 33126-2252 FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0603792 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONSECA, LOURDES Street Address (P.O. Box Number is Not Acceptable) 4700 N.W. 7TH ST. MIAMI FL 33126 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD ☐ Addition ☐ Change ☐ Delete TITLE FONSECA, LOURDES NAME 4700 N.W. 7TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** Addition ☐ Change ☐ Delete TITLE STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE STREET ADDRESS CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ De ete ☐ Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

FILED Mar 01, 2000 8:00 am Secretary of State

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OUADES FONSEQA