2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9600001915 Jan 25, 2001 8:00 am Secretary of State THREE BROTHERS MEDICAL EQUIPMENT, INC. 01-25-2001 90159 006 ***150.00 Mailing Address Principal Place of Business 300 W-0 ST- 46 N NW 72 AUE 950 W. 9 ST. 703940 HIALEAH FL 33010. Principal Place of Business 3. Mailing Address 4615 Suite, Ant #, etc. DO NOT WRITE IN THIS SPACE 108 SUITE 108 Applied For 4. FEI Number 65-0630560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ろろししし il Gas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMOS, RAMIRO 030 W 0 ST. SUITE #6- 461√ NW 72 AUE \$109 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010-Uizui Fl. 33166 Zip Code 8. The above named is submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** printed name of registered agent and title if applicable Signature, tyr. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE RAMOS, RAMIRO NAME NAME 4415 NW 72 AUE#108 STREET ADDRESS 330 W. 9 ST. #6 STREET ADDRESS F1. 33166 CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trastee 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

471-770 (305) 471-770