JOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 9 6 0 0000 3 8 1 8 1. Entity Name
TUTTY'S MEDICAL EquipMEINT

May 05, 2003 8:00 am Secretary of State 05-05-2003 91900 017 ***150.00

	DO NOT V	WRITE IN TH	HS SPAC	E			
2. Principal Place of Business			3. Mailing Address				
10000 STD .56+ks T Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & St	City & State		4. FEI Number Applied For Not Applicable		
Zip 33	Zip Country 33165 45 A.		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
				.,	7. Name and Address of Curren	t Registered A	gent
	gariana a makandari Propinsing Karagaran	OT WOLTE		Name			
The state of the s	UU-N	OT-WRITE		Street Address (P.O. Box Number is Not Acceptable)			
and the second	IN TH	IIS SPACE					i
				City		FL	Zip Code
			of changing its registere	ed office or register	red agent, or both, in the State of Fl	orida. I am fam	iliar with, and accept
the obligat	ions of registered agent.						
SIGNATURE .	Sizzatura turad a asisted come	e of registered agent and title if applicable	/NOTE: Pagietara	d Agent signature required	Luchan remetation	DATE	
	nuary 1 - May 1 Fee I	s \$150.00	. (NOTE, Tregistere	a Agent algristate required			
4.5	After May 1, Fee is \$ Amended UBR is \$ Payable to Florida D	61.25			9. Election Campaign Fi Trust Fund Contribution	· -	\$5.00 May Be Added to Fees
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #