


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90062 011 ***150.00

DOCUMENT # 996000014946	
1. Entity Name Med-Co Medical Equipment, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7317 West Flagler Street	3. Mailing Address 7317 West Flagler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FI	City & State Miami, FI
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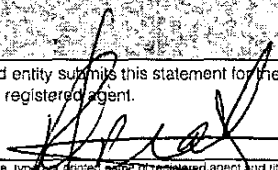
Zip 33144	Country Miami-Dade	Zip 33144	Country Miami-Dade
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4. FEI Number 65-0647764	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Rosa Prat	
Street Address (P.O. Box Number is Not Acceptable) 11505 SW 7TH street	
City Miami,	FL Zip Code 33174

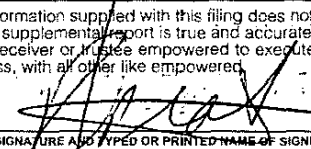
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, type or printed name of registered agent and title if applicable.</small>	Rosa Prat / President <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE Jan 14, 2004

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosa Prat 7317 West Flagler Street Miami, FI 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Rosa Prat / President Date Jan 14, 2004 Daytime Phone # (305)820-1313

CR2E034B (12/02)