

**03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96 000014946

1. Entity Name

MED-CO MEDICAL EQUIPMENT, INC.

FILED  
 03 MAR 19 PM 2:10  
 02-24-2003 90198 009 \*\*\*150.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.

DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

4. FEI Number  
 65-0647764

Applied For  
 Not Applicable

Zip  
 33144

Country

Zip  
 33144

Country

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
PD PRAT, ROSA  
7317 WEST FLAGLER STREET  
MIAMI, FL 33144

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**DO NOT WRITE  
 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)(l), 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

Rosa Prat 2-19-03 305-820-1313

Date

Daytime Phone #

CR2E034B (12/02)