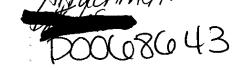
FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 07, 2000 8:00 am DOCUMENT # P96000031028 **Secretary of State** ASM Medical Exterprises, Inc 07-07-2000 90460 027 ***150.00 103105W52Tev 10310 SW 52 Terrare iane Fla D0068643 ani Fla 33165. 33165. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Fla 33178. City Zip Code 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition NAME CR2E034 <u>ADORESS</u> STREET ADDRESS NISATERN ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP IIILE 🚐 🗐 Change 💻 🦳 Addition NAME ··· ADDDECC STREET ADDRESS ST ZIP CITY-ST-ZIP Delete TITLE ☐ Change [] Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME **ΑΠΡΙΔΕ**ΘΟ STRÉET ADDRESS ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME 400000000 STREET ADDRESS ST ZIP CITY-ST-ZIP 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 in 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 in 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 in the receiver of trustee empowered to execute the receiver of trustee empowered trustee empowered to execute the receiver of trustee empowered trustee empowered to execute the receiver of trustee empowered trustee empowered to execute the receiver of trustee empowered trus changed, or on an attachment with an address. with all other ke empowered --∴NATURE: ND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATU

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JUNE 27, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO# BOX 6327 TALLAHASSEE, FLORIDA 32314

REF: ASM MEDICAL CORPORATION INC. FEDERAL ID# 65-06 90206 2000 UNIFORM BUSISNESS REPORT

DEAR SIR/ MADAM:

ENCLOSED PLEASE FIND COPY OF LETTER DATED JANUARY 06,2000, REQUESTING A CHANGE OF ADDRESS FOR MY CORPORATION. APPARENTLY, FOR SOME REASON THIS UPDATING OF MY NEW ADDRESS DID NOT OCCUR.

I REQUESTED A BUSISNESS REPORT FORM, THAT I RECEIVED ON JUNE 21,2000 AND AT THE TIME OF MAKING THIS REQUEST, MY ADDRESS HAD NOT BEEN CHANGED.

ENCLOSED PLEASE FIND THE COMPLETED 2000 UNIFORM BUSISNESS REPORT AND PAYMENT OF THE NORMAL FILING FEE. \$ 150,00.

I HONESTLY HOPE THAT I WILL NOT BE PENALIZED FOR AN ERROR COMMITTED BY SOMEONE OTHER THAN ME.

THANK YOU FOR YOUR UNDERSTANDING TOWARDS THIS MATTER.

RESPECTFULLY YOURS

PRESIDENT

ASM MEDICAL CORPORATION.

January 06, 2000 1100 84 1 1 1 1 1 Florida Dept of State Division of Corporations PO BOX 6327 allahassee, Florida. 32314 LO WHOM IT MAY CONCERN advise you of a change of address for ASM MEDICAL CORPORATION INC 10340 S.W 52ND TERRACE, MIAMI, FLA FASE MAKE CHANGE TO THE NEW ADDRESS OF MEDICAL ENTERPRISES INC thank you in advance for your resolution to this request นี้ได้ สหรอบ เป็น หูวาวสามาสัญเสมโดย 🔒 สมิโดยอยู่สอ १८३५ सन्दर्भको हुन्। भागवतासारकार अस्तिका हुन्। - The Control of the LINEAT PERSONAL P 121.18 TO 1811 1817 1911