1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700009871

1. Corporation Name

C & M MEDICAL SYSTEMS, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90142 040 \*\*\*150.00



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Principal Place	of Business	Mailing Address			( )88))88( )(8 (8))( (8)	it: ##ili: ##ili: ##ili: ##ili:	MATCH SECON COLLEC	8881 1181 1881	
7601 E TREASUR	RE DRIVE								
#2116			DO 11	DO NOT MORE IN THIS SPACE					
N BAY VILLAGE	AGE FL 33141 N BAY VILLAGE FL 33141				<u> </u>	DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or 0 01/27/1997	Qualifed			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		App	lied For	
21 6555 NW 36 St. 26 Same as					65-0724793			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status De	sired $\square$	\$8.75 A		
22 - 27 - 27							Eee Rec		
City & State City & State					6. Election Campaign Fir	· III	\$5.00		
$\frac{1}{23}$ $\frac{1}{1}$ $1$					Trust Fund Contribution		Added to	Fees	
Zip Country Zip			Country		8. This corporation owes	•			
24 3316		29 30	L		Personal Property Tax			□No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of	New Registered	Agent		
MODE	IDA ALEVANDED M		l°'	Name	Horeira, Ale	kander.	. *		
MOREIRA, ALEXANDER M				Street A	ddress (P.O. Box Number is Not	Acceptable) 1	211		
7601 E TREASURE DRIVE				105	155 NW 06	ST TE	<u> 기/                                   </u>		
#2116 N BAY VILLAGE FL 33141			83			•	f		
N BA	VILLAGE PL 33141		84	City			85 Zip C	ode	
	,			M	19m1	FL	.    33	166	
11. Pursuant to	the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obligati	and 607.1508, Florida Statutes,	the above	e-named co	orporation submits this statemen	t for the purpose of	changing its of	registered pistered	
office or reg	gistered arent, or both, in the State o i familiar with, and accept the obligati	or Florida. Such change was authors of, Section 607.0505, Florida	Statutes	ine corpor	ation's poard of directors. There	by accept the appoi	L. / /	2 ~	
SIGNATURE	/ Row				•	110	70/1	9	
SIGNATURE	igriature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	nstered Agen	t signature req	quired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE	•	PD.		Change	☐ Addition	
NAME	MOREIRA, ALEXANDER M		1.2 NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Moreiva, Alexa	inder.		Ì	
STREET ADDRESS	7601 E TREASURE DRIVE		1.3 STREET	ADDRESS	6555 NW 36 Migmi Fi 33	st ston			
CITY-ST-ZIP	N BAY VILLAGE FL 33141		1.4 CITY-S1	r-ZIP	Miami Fi 33	1 <u>06</u>			
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
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STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
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CITY-ST-ZiP			3.4. CITY-S	T-ZIP					
TITLE	•	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
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STREET ADDRESS			4.3 STREET	ADDRESS				}	
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CITY-ST-ZIP			5.4 CITY-S	r- ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME					ļ	
STREET ADDRESS			6.3 STREET	ADDRESS	A				
i	•		6.4 CITY-S	r-ZIP					
CITY-ST-ZIP	116 . Ab . A Ab	this filles does not availed for the			in Section 119 07/3\/i) Florida S	tatutes I further co	tify that the in	formation	

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 annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the analysis of the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an oath of the same legal effect as if made under oath of the same

SIGNATURE: 1

Wilec-TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR