2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700009871 1. Entity Name 02 APR 29 AM 9: 13 & M MEDICAL SYSTEMS, INC SECTION OF STATE Principal Place of Business TĂLLĂHĂSSEE, FLORIDA Mailing Address 6555 NW * 1 → 36 STREET 6555 NW 36 STREET 200005491542--4:04 -05/08/02--01031--017 SUITE 201 D SUITE 211 MIAMI, FL 33166 MIAMI, FL 33166 ****300.00 ****300.00 2. Principal Place of Business 4728 NW 114 AVENUE 3. Mailing Address 4728 NW 114 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **UNIT 102** <u>Unit 10</u>2 City & State City & State 4. FEI Number Applied For MIAMI, FL Miam 65-0724793 Not Applicable Zip Country Zip Country U - S <u> 35178</u> \$8.75 Additional 33178 5. Certificate of Status Desired U.S. 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) MOREIRA, ALEXANDER M. 4728 NW 114 AVENUE, UNIT 102 MIAMI, FL 33178 Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State R2E034 (11/00) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, TITLE PD X Change Addition Delete TITLE NAME ALEXANDER M. MOREIRA NAME ALEXANDER M. MOREIRA 6555 NW 36 STREET, STE 201D STREET ADDRESS STREET ADDRESS 4728 NW 114 AVENUE, UNIT 102 City - St - ZIP MIAMI, FL 33166 CITY - ST - ZIP MIAMI, FL 33178 TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. 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, Ftorida Statutes; and that my name appears in Block 11 or Block 12 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATURE:

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Daytime Phone #

Date

2001 UNIFORM BUSINESS REPORT (UBR)

STF FL32381F.1

DOCUMENT # P97000009871								
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SUITE		SUITE 211	1					
	FL 33166	MIAMI, FL 33	166					
4728 NV	race of Business N 114 AVENUE	3. Mailing Address 4728 NW Suite, Apt. #, etc.	114 AVE	nuc	DO NOT WRITE IN THIS S	PACE		
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JJ170	6. Name and Address of Current	Registered Agent	<u>- </u>	7. N	lame and Address of New Registered	gent		\Box
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	A, ALEXANDER M.	1TM 100		<u></u>			· ·	
	W 114 AVENUE, UN	111 102						
MIAMI,	FL 33178		City		FL	Zip C	ode	
9 The above	named entity submits this statemer	of for the ournose of changing	its registered office	e or registe	ered agent, or both, in the State of Florida			ヿ
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informatio	on indicated on this report or supple	mental report is true and accu seiver or trustee empowered to	o execute this rep	ort as requi	ection 119.07(3)(i), Florida Statutes. I furt nall have the same legal effect as if made red by Chapter 607, Florida Statutes; and			an rs
in Block 1	11 or Block 12 if changed, or on an a	ittachment with an address, w	nun ali other like ei	npowered.				
SIGNAT	TURE: Man							_
5.5.4/1	SIGNATURE AND TYPE	PED OR PRINTED NAME OF SIGN	NING OFFICER OR	DIRECTOR	Date	Daytime Pl	none #	

C & M MEDICAL SYSTEMS, INC. 4728 NW 114TH AVENUE, UNIT 102 **MIAMI, FL 33178**

January 30, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that we did not receive the 2001 Uniform Business Report.

We realized that your office had an incorrect mailing address for us and that the form was returned to you by the post office.

Enclosed, please find the 2001 Uniform Business Report as well as the one for the current year, along with the corresponding payments.

Thank you for your cooperation on this matter.

Sincerely,

Alexander M. Moreira

President