2004 Doc.# P97000065668

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90173 010 ***150.00

DOCUMENT # P97000065668

1. Entity Name
CEDARS MEDICAL EQUIPMENT Co

DO NOT WRITE IN THIS SPACE
P97000065668

24071788
fee enclosed

with new signature.
Spoke to Mr. Jason
Thank you

2. Principal Place of Business: 7710 N.W. 54 st.
Suite, Apt. #, etc.: MIAMI, FL 33166
City & State:
Zip: 33166 County: Dade

3. Mailing Address: 7710 N.W. 54 st.
Suite, Apt. # etc.:
City & State: MIAMI, FL 33166
Zip: 33166 Country: Dade

4. FEI Number: 65-0782385 ☐ Applied For ☐ Not Applicable

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: self
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 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	KARAKY, MAHMOUD, owner 7710 N.W. 54 st. MIAMI, FL 33166	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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: [signature] 4-4-04 (305) 477-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-20-2004 thank you