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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065668

1. Entity Name

CEDARS MEDICAL EQUIPMENT Co

DO NOT WRITE IN THIS SPACE

P97000065668

55049489

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7710 N.W. 54 st.	7710 N.W. 54 st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL 33166	
City & State	City & State
	MIAMI, FL 33166
Zip / Country	Zip / Country
33166 / Dade	33166 / 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: MAHMOD KARAKY

Street Address (P.O. Box Number is Not Acceptable): 7710 N.W. 54 ST.

City: MIAMI FL Zip Code: 33166

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: Mahmod Karaky DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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: Mahmod Karaky 4-19-03 (305) 477-6877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Image reject in error

6-17-03

Thank you