FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90818 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029026

1. Entity Name
MEDTECH LOGISTICS, INC.

Principal Place of Business	Mailing Address
880 NE 69 STREET APT. #3L MIAMI, FL 33138	P.O. BOX 310325 MIAMI, FL 33231

2. Principal Place of Business: 650 NE 72nd Terrace	3. Mailing Address: 1602 Alton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.: # 506
City & State: Miami, FL	City & State: Miami Beach, FL
Zip: 33138 Country	Zip: 33139 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0830886 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEON, ISABEL 880 NE 69 STREET APT. #3L MIAMI, FL 33138	Name: Leon Isabel Street Address (P.O. Box Number is Not Acceptable): 650 NE 72nd Terrace City: Miami FL Zip Code 33138

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04/28/03

FILE ANNUAL REPORT WITH $150.00 ... 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEON, ISABEL 880 NE 69 STREET MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	650 NE 72nd Terrace Miami, FL 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #