

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91456 002 ***150.00

DOCUMENT # P98000038359

1. Entity Name -

L.C MEDICAL EQUIPMENT AND SERVICES INC.



90113549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11214 PINES BLVD

3. Mailing Address
11214 PINES BLVD

Suite, Apt. #, etc.
PMB 191

Suite, Apt. #, etc.
PMB 191

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

4. FEI Number 65-0915878

Applied For
Not Applicable

Zip
33026

Country

Zip
33026

Country

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 MARIO MURGUIDO

Street Address (P.O. Box Number is Not Acceptable)

590 SW 5 AVE

City MIAMI

FL Zip Code
33130

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

M. Murguido

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-22-03

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

PSD/ MARIO MURGUIDO/ 590 SW 5 AVE
MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

M. Murguido

MARIO MURGUIDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-03

Date

(914) 5533763

Daytime Phone #

CR2E034B (12/02)