

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 17100

1. Entity Name US MED, Inc.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 JUL -2 PM 1:00

Principal Place of Business Mailing Address

2. Principal Place of Business 8200 NW 27th St Suite, Apt. #, etc. 117

City & State Miami, FL

Zip 33182 Country USA

4. FEI Number 61-1339483 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Zachary Schiffman 12377 SW 143 Lane Miami, FL 33186

7. Name and Address of New Registered Agent

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 tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP P, U, I, S, D Joyce Schiffman 12377 SW 143 Lane Miami, FL 33186

TITLE NAME STREET ADDRESS CITY-ST-ZIP P, U, I, S, D Zachary Schiffman 12377 SW 143 Lane Miami, FL 33186

TITLE NAME STREET ADDRESS CITY-ST-ZIP 000004467410-01 -07/10/01--01027--014 *****61.25 *****61.25

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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, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 5/29/01 305-592-8353

CR2E034 (11/00)