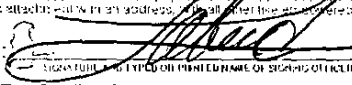


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000039728			
1. Entity Name M G MEDICAL SUPPLIES, INC.			
Principal Place of Business 6555 N.W. 36 ST. STE. 317 MIAMI, FL 33166		Mailing Address 6555 N.W. 36 ST. STE. 317 MIAMI, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt., K, etc.		Suite, Apt., K, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent LABORDE, ALBERTO 6555 NW 36TH STREET STE. 317 MIAMI, FL 33166		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agents must be licensed when updating)			
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State (Check for \$150.00 and \$560.00, depending on whether you are updating or filing a new report.)		7. 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-STATE-ZIP	PST LABORDE, ALBERTO 6555 NW 36TH STREET, SUITE 317 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VO PUERBA, RENE A 6555 NW 36TH STREET, SUITE 317 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), Florida Statutes. I further certify that the information included 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 attached add-in address, if applicable, if the information is changed.			
SIGNATURE 		4/24/03 305-303-8400 Date Daytime Phone	

CR2034 (10/02)