2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P99000042111 **DOCUMENT #**

1. Entity Name UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.



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FILED 5, 2003 8:00 am etary of State	0263204 AV
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Principal Plac 1740 S.W. 57 MIAMI FL 331	TH AVENUE	s	1740	Mailing Address 1740 S.W. 57TH AVENUE MIAMI FL 33155								
2. Principal F	lace of Busin	1088	3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK: HERE-IE-N	IAKING C	HANGES		
City & State			City & State				4. 1	4. FEI Number 90-0043398 Applied For Not Applied For				<u></u>
Zip Country			Zip	Zip Country			5. (5. Certificate of Status Desired S8.75 Additional Fee Required				1
	6. Name	and Address of Current	Register	ed Agent			7. N	Name and Address of New Regis	tered Age	ent		1
	<u>-</u>					Name						7
FIEL, ESMILCE 1740 S.W. 57TH AVENUE				Street Address (ess (P.O. B	(P.O. Box Number is Not Acceptable)				
MIAMI FL 33155				ļ								
						City			FL	Zip Code	9	
	named entititions of regist		or the purp	ose of changing its	registere	ed office or reg	gistered ago	ent, or both, in the State of Florida	. I am fam	iliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signature re	equired when re	einstating)	DATE			
· F	ILE NOW!	! FEE IS \$150.00									A	1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department			f Chan					9. -Election:Campaign:Financi Trust Fund Contribution.	ng=		O May Be — I to Fees	
10.		OFFICERS AND					AD	DITIONS/CHANGES TO OFFICER	RS AND DI	RECTORS	S IN 11	1
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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 REDIDIO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #