2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000043748 **DOCUMENT #**

1. Entity Name

TWIN MEDICAL EQUIPMENT, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90529 002 ***150.00

Principal Pace of Business 1958 W. 67TH AVE 1						GO WE 1					
1699 SW. 87TH AVE. 1639 SW	Principal Place	e.af.Business		Mailing Address							
2. Principal Place of Sueness 3. Mailing Address				1659 S.W. 67TH AVE.			Ì				
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BETTALORS NORBERTO BETTAL	Zip		Country	Zip	Zip Country		5. Certificate of Status D	Desired \Box			
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METSCH, BENJAMIN R 1455 N.W. 14TH ST. MAMI FL 33125 City City FL Zip Code 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 registering agent. SIGNATURE FILE NOW!! FEE IS \$150.00 (After May 1, 2003 Fee will be \$550.00 make Check Payable to Florida Department of State) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS 11. NAME NEET ALORESS SIRES AND STHA AVE. MALVARES, NORBERTO Delete MALVARES		6. Name	and Address of Current	t Registered Agent	*1	7. Name and Address of	of New Registered	Agent			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registery agent. SIGNATURE	1455 N.W.	. 14TH ST.		3.547.1335							
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information		ertify that the	information supplied with	h this filing does not aus			ction 119 07(3\/i) Florida 9	Statutes I further or	ertify that the in	oformation	

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:

Daytime Phone #