

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90094 049 \*\*\*150.00

**DOCUMENT # P99000057281**

1. Entity Name

**QUALMED MEDICAL GROUP, INC.**

Principal Place of Business

Mailing Address

~~10191 SUNSET DRIVE  
MIAMI FL 33173~~~~10191 SUNSET DRIVE  
MIAMI FL 33173-3004~~**00012451**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7805 Coral Way, Suite 103**

3. Mailing Address

**P.O. Box 441206**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Miami, FL**

City &amp; State

**Miami, FL**

4. FEI Number

**65-0940393**

Applied For

Not Applicable

Zip

**33155-6539**

Country

Zip

**33144-1206**

Country

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

6. Name and Address of Current Registered Agent

**ESPINOSA, HENRY  
10191 SUNSET DRIVE  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

**DIAZ, ISABELLE**

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

**7805 Coral Way, Suite 103**City **Miami****FL**

Zip Code

**33155-6539**

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

**1/21/00**

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, 2000 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

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | DP                 | <input checked="" type="checkbox"/> Delete |
| NAME           | ESPINOSA, HENRY    |  |
| STREET ADDRESS | 10191 SUNSET DRIVE |  |
| CITY-ST-ZIP    | MIAMI FL 33173     |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          | DP                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DIAZ, ISABELLE            |   |
| STREET ADDRESS | 7805 Coral Way, Suite 103 |   |
| CITY-ST-ZIP    | Miami, FL 33155-6539      |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/00 (305) 269-9788**

CR2E034 (9/99)