2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062765

1. Entity Name

CARE TOUCH MEDICAL EQUIPMENT INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90145 050 ***158.75

Principal Place of Business	Mailing Address
4050 WINCHESTER LANE WEST PALM BEACH FL 33406	4050 WINCHESTER LANE WEST PALM BEACH FL 33406-2977

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3095 South Military Trail	3095 So. Military Trail
Suite, Apt. #, etc. Suite-12	Suite, Apt. #, etc. Suite-12
City & State Lake Worth, FL.	City & State Lake Worth, FL.
Zip 33463 Country Palm Beach	Zip 33463 Country Palm Beach

4. FEI Number 65-0933800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEON, CARMEN
4050 WINCHESTER LANE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

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

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.

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, CARMEN 4050 WINCHESTER LANE WEST PALM BEACH FL 33406	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3095 So. Military Trail Suite-12 Lake Worth, Fl. 33463	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COLON, JOSE 4050 WINCHESTER LANE WEST PALM BEACH FL 33406	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3095 So. Military Trai Suite-12 Lake Worth, Fl. 33463	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Carmen Leon Carmen Leon 4/7/00 (561)963-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P99P00006 2765

637951

4/7/00

Please change only Address.

Thankyou
Doreen Jean