FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90178 001 ***150.00
03-22-2005 90178 002 *****8.75

DOCUMENT # P99000062765

1. Entity Name
CARE TOUCH MEDICAL EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3095 So..Military Trail	3095 So.,Military Trail
Suite, Apt. #, etc.: Suite 11	Suite, Apt. #, etc.: Suite 11
City & State: Lake Worth, FL.	City & State: Lake Worth, FL.
Zip: 33463 Country: P.BCH.	Zip: 33463 Country: P. BCH.

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	LEON, CARMEN	NAME	
STREET ADDRESS	3095 SO MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL. 33463	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Leon 02/28/05 5611963-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #