Page 1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073269

1. Entity Name

INDIMAY MEDICAL EQUIPMENT, INC.

FILED
01 SEP 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
~~5370 Palm Ave.~~	5370 Palm Ave.
Suite, Apt. #, etc. # 10	Suite, Apt. #, etc. # 10
City & State Hialeah, FL.	City & State Hialeah, FL.
Zip 33012 Country US	Zip 33012 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0941542 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Rogelio Quijano
161 E. 53rd ST.
Hialeah, FL. 33013

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] Rogelio Quijano 9/15/01

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, 2001 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	PSD Quijano, Rogelio 161 E. 53rd ST. Hialeah, FL. 33013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800004629298--5 -10/10/01--01030--007 ****150.00 ****150.00	☐ 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: [signature] Rogelio Quijano 9/15/01 (305)231-7978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

INDIMAY MEDICAL EQUIPMENT, INC.
5370 PALM AVE. STE. 10
HIALEAH, FL. 33012

9/15/01

TO: FL. DEPT. OF STATE
DIVISION OF CORP.

I AM SENDING THE ANNUAL REPORT FOR MY CORPORATION AFTER I SPOKE WITH A PERSON IN YOUR DEPT. SHE TOLD THAT BECAUSE I HAD NOT RECEIVED THE ANNUAL REPORT TO RENEW IT. I HAVE TO GET A BLANK ONE AND FILL IT UP AND SEND IT WITH A CHECK FOR $150.00.

THANK YOU FOR YOUR COOPERATION