

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90757 008 \*\*\*150.00

DOCUMENT # P99000074564



1. Entity Name

GENESIS Medical Equipment, INC

Principal Place of Business 3383 NW 7 St #307 Mailing Address 3383 NW 7 St #307  
Miami FL 33125 Miami FL 33125

2. Principal Place of Business 7105 SW 8 St 3. Mailing Address 7105 SW 8 St  
Suite, Apt. #, etc. 306 Suite, Apt. #, etc. 309

City & State Miami FL City & State Miami FL

Zip 33144 Country  Zip 33144 Country

4. FEI Number 65-0943062 Applied   
Not App

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



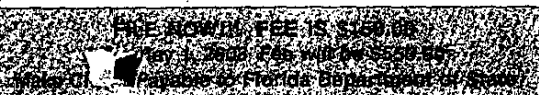
CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
JUCIANI Roberto  
3383 NW 7 St #307  
Miami FL 33125

7. Name and Address of New Registered Agent  
Name   
Street Address (P.O. Box Number is Not Acceptable) 1730 SW 99th COURT  
City Miami FL Zip Code 33165

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 a

SIGNATURE Roberto Luciani DATE 4/28/03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe

10. OFFICERS AND DIRECTORS

TITLE <u>PD</u>	NAME <u>JUCIANI Roberto</u>	<input type="checkbox"/> Delete
STREET ADDRESS <u>1730 SW 99 COURT</u>	CITY-ST-ZIP <u>Miami FL 33165</u>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

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 Block 11, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Roberto Luciani DATE 4/28/03 (305) 226-3243  
Signature and typed or printed name of signing officer or director Date Filing Phone #