

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000078940**

1. Entity Name

**B & A MEDICAL EQUIPMENT CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -7 PM 1:44

Principal Place of Business 1385 NW 15TH STREET MIAMI FL 33125	Mailing Address 3400 CORAL WAY, STE 600 MIAMI FL 33145 -3053
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9745 S.W. 72nd ST Suite, Apt. #, etc. 112-A	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI FLORIDA	City & State
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4. FEI Number 65-0951263	Applied For Not Applicable
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Zip 33173-4620	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  METSCH, BENJAMIN R 1385 NW 15TH STREET MIAMI FL 33125
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7. Name and Address of New Registered Agent Name: <b>ARCE DIEGO F.</b> Street Address (P.O. Box Number is Not Acceptable): <b>18170 S.W. 153 CT.</b> City: <b>MIAMI</b> FL Zip Code: <b>33187-6222</b>
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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: *Diego Arce* DATE: **6-4-01**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCE, DIEGO</b> <b>1385 NW 15TH STREET</b> <b>MIAMI FL 33125</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>ARCE, DIEGO</b> <b>1385 NW 15TH STREET</b> <b>MIAMI FL 33125</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIEGO F. ARCE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18170 S.W. 153CT</b> <b>MIAMI, FLORIDA 33187-6222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIEGO F. ARCE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18170 S.W. 153CT</b> <b>MIAMI FLORIDA 33187-6222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Diego Arce* Date: **04/22-01** Daytime Phone #: **(305) 445-2055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)