FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095179

1. Entity Name: Professional Medical Supplies Enterprises, Inc.

FILED
02 JUN 19 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10691 SW 88 ST	10691 SW 88 ST
Suite, Apt. #, etc.: Suite # 203	Suite, Apt. #, etc.: Suite # 203
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. FEI Number: 65-0957314 — Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: Alberto Gonzalez

Street Address (P.O. Box Number is Not Acceptable): 5005 Collins Ave # 1115

City: Miami Beach FL Zip Code: 33140

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] Date: 06/24/02

Signature, name & street address of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to submit an Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	President Alberto Gonzalez 5005 Collins Ave # 1115 Miami Beach, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Alberto A Gonzalez 8915 SW 107 Ave # 870 N Miami, FL 33173
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CR2E334B (12/01)

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

SIGNATURE: [signature] 06/24/02

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