

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 799000107739

1. Entity Name
M.R.G. Medical Equipment, Inc.

Principal Place of Business MRG Medical Equipment, Inc. 3750 West 16th Avenue Suite- 130 U Hialeah, Florida 33012	Mailing Address MRG Medical Equipment, Inc. 3750 West 16th Avenue Suite- 130 U Hialeah, Florida 33012
2. Principal Place of Business MRG Medical Equipment, Inc.	3. Mailing Address MRG Medical Equipment, Inc.
Suite, Apt. #, etc. 3750 West 16th Avenue Suite- 130 U	Suite, Apt. #, etc. 3750 West 16th Avenue Suite- 130 U

City & State Hialeah, Florida	City & State Hialeah, Florida
Zip 33012	Zip 33012
Country USA	Country USA

4. FEI Number 650979458	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN MIGUEL RODRIGUEZ
17900 NW- 81 AVE MIAMI
FLORIDA 33015

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

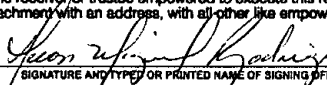
9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PRESIDENT JUAN MIGUEL RODRIGUEZ 3750 W-16 AVE SUITE 130U HIALEAH FLORIDA 33012	☐ Change ☐ Addition 100004589161--0 -09/14/01--01054--022 *****8.75 *****8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete HIALEAH FLORIDA 33012	☐ Change ☐ Addition 100004589161--0 -09/14/01--01054--022 *****150.00 *****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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:  **07-15-01 (300) 558-7801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 SEP 10 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1052

CR2E034 (11/00)



MRG Medical Equipment, Inc.

3750 West 16th Avenue, Suite- 130 U, Hialeah, FL 33012
TEL, (305) 558-7801 FAX (305) 558-1933

8/15/01

Dear, Department of State of Florida

To who it may concern, I am writing to inform you that my Uniform Business Report (UBR) was lost in the mail. I have no idea where this report could be. I am very sorry for the delay with my report. Thank you very much for understanding my problem.

Sincerely,

Juan Miguel Rodriguez
President