

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90149 030 ***158.75

DOCUMENT # P99000107739

1. Entity Name
M.R.G. MEDICAL EQUIPMENT, INC.



Principal Place of Business
**3750 WEST 16TH AVE., STE. 130 U
HIALEAH FL 33012
US**

Mailing Address
**3750 WEST 16TH AVE., STE. 130 U
HIALEAH FL 33012
US**



2. Principal Place of Business
**3750 WEST 16TH AVE.
Suite, Apt. #, etc.
130 U**

3. Mailing Address
**3750 WEST 16 AVE.
Suite, Apt. #, etc.
130 U**

City & State
Hialeah FL
Zip
33012
Country
U.S.A

City & State
Hialeah FL
Zip
33012
Country
U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0979458** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN M
17900 N.W. 81ST AVENUE
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **LAZARO P. Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
1265 W 24 ST APT #136
City **Hialeah FL** Zip Code **33010**

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 accept the obligations of registered agent.

SIGNATURE **LAZARO P. Rodriguez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **03/17/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, JUAN M**
STREET ADDRESS **3750 WEST 16TH AVE., STE. 130 U**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **LAZARO P Rodriguez**
STREET ADDRESS **3750 WEST 16TH**
CITY-ST-ZIP **Hialeah FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAZARO P. Rodriguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03
Date

Daytime Phone #

CR2E034 (10/02)