2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58370

1. Entity Name
MEDICAL EXPENSE, INC.

Principal Place of Business	Mailing Address
4302 ALTON RD	4302 ALTON RD
SUITE 450	SUITE 450
MIAMI BCH FL 33140-2842	MIAMI BCH FL 33140-2842

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0265449   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDSTEIN, DAVID M ESQ	Name
13499 BISCAYNE BLVD	Street Address (P.O. Box Number is Not Acceptable)
SUITE E	
NORTH MIAMI FL 33181	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. I am familiar with, and accept the obligations of registered agent.

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

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TURKEN, JACK		NAME		
STREET ADDRESS	4302 ALTON RD, #450		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		CITY-ST-ZIP		
TITLE S		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEINABCH, BERNARD		NAME		
STREET ADDRESS	4302 ALTON RD, #450		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: _SIGNATURE REQUIRED_   1/30/3   305-534-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #