


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90149 003 \*\*\*158.75

DOCUMENT # V58268 (2)

1. Entity Name  
Community Medical Inc.



**DO NOT WRITE IN THIS SPACE**

**55050854**

2. Principal Place of Business <u>5040 N.W. 7th St</u> Suite, Apt. #, etc. <u>SUITE 822</u> City & State <u>MIAMI FL</u> Zip <u>33126</u> Country		3. Mailing Address <u>5040 NW 7th St</u> Suite, Apt. #, etc. <u>SUITE 822</u> City & State <u>MIAMI FL</u> Zip <u>33126</u> Country	
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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <u>650372165</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <u>Lazaro Martinez</u> Street Address (P.O. Box Number is Not Acceptable) <u>5040 N.W. 7th St SUITE 822</u> City <u>MIAMI</u> FL Zip Code <u>33126</u>		

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 Martinez (NOTE: Registered Agent signature required when reinstating) DATE 6-23-03

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Lazaro Martinez (President)</u> <u>5040 N.W. 7th St SUITE 822</u> <u>MIAMI FL 33126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 incorporator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other information required.

SIGNATURE: [Signature] DATE: 6-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

55050854

V58268

Attachment

June 9, 2003

To who it may concern:

This letter is to inform you that I Lazaro Martinez president of **Community medical, Inc.** recently opened for business on September 5, 2002 and was not aware of the annual ~~Uniform Business Report nor any documents were send to me from this department.~~ The application and check I am sending attached to this letter, was send to after I request it through the phone. Please excuse the inconvenience. To contact me about this matter you can call me at (305) 448-4580 or Fax (305) 448-4570 thank you.

Sincerely

Lazaro Martinez