"AMENDED"

FILED

03 NOV 26 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V64946

1. Entity Name
L & V MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
11890 SW 8TH STREET #209 MIAMI, FL 33184 US	11890 SW 8TH STREET #209 MIAMI, FL 33184 US

2. Principal Place of Business	3. Mailing Address
11890 SW. 8 Street	11890 SW. 8 STREET
Suite, Apt. #, etc. 209	Suite, Apt. #, etc. 209
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33184 Country US	Zip 33184 Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0357401 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FELIPE, RICARDO
175 FONTAINEBLEU BLVD.
SUITE #2D
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name JORDAN MATOS

Street Address (P.O. Box Number is Not Acceptable)
11890 S.W. 8 STREET #209

City MIAMI FL Zip Code 33184

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 JMatos JORDAN MATOS 11/13/03
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FELIPE, RICARDO 11890 SW 8TH STREET #209 MIAMI, FL 33184	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JORDAN MATOS 11890 SW 8 STREET #209 MIAMI, FL. 33184	☐ Change ☒ Addition
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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: ______ 11/13/03 (305) 480-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #