


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90175 044 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V73078

1. Entity Name
MEDI-QUICK, INC.



Principal Place of Business 156 ALMERIA AVE #205 CORAL GABLES, FL 33134 US	Mailing Address 156 ALMERIA AVE #205 CORAL GABLES, FL 33134 US
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2. Principal Place of Business <i>c/o J.A. FIGUERAS, CPA</i>	3. Mailing Address <i>c/o J.A. FIGUERAS, CPA</i>
Suite, Apt. #, etc. <i>2801 Ponce de Leon Blvd #1170</i>	Suite, Apt. #, etc. <i>2801 Ponce de Leon Blvd #1170</i>

CHECK HERE IF MAKING CHANGES

City & State <i>CORAL GABLES, FL.</i>	City & State <i>CORAL GABLES, FL.</i>	4. FEI Number 65-0426455	Applied For Not Applicable
Zip <i>33134</i>	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FIGUERAS, VIVIAN T. 2901 PONCE DE LEON BLVD #1170 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE FILING FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAIZO, JUAN 156 ALMERIA SUITE 205 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <i>c/o J.A. FIGUERAS, CPA 2801 Ponce de Leon Blvd #1170 CORAL GABLES, FL 33134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAIZO, JUAN JR. 156 ALMERIA SUITE 205 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <i>SAME AS ABOVE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAIZO, AMADA 156 ALMERIA SUITE 205 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <i>SAME AS ABOVE.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: *Juan Maizo* *4/12/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)