2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 007 ***150.00

DOCUMENT # P95000032462

1. Entity Name
YAMIRA MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
CALLE FERNANDEZ GARCIA #26	3636 SW 87TH AVENUE
LOCAL 3 - LUQUILLO PLAZA	MIAMI FL 33165
LUQUILLO, PUERTO RICO 00773	US

2. Principal Place of Business	3. Mailing Address
	P.M.B. 627
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 29029
City & State	City & State San Juan, P.R.
Zip / Country	Zip 00929-0029 Country Puerto Rico

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0575678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMRUD, KIMRAJ
1501 FOUNTAINBLEAU BLVD - APT. 609
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name Kimraj Amrud
Street Address (P.O. Box Number is Not Acceptable) 781 W Flagler St. #424
City Miami FL Zip Code 33144

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] Kimraj Amrud - President 04/29/03
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
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 AMRUD, KIMRAJ 1501 FONTAINEBLEAU BLVD., - APT. 609 MIAMI FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kimraj Amrud - President 781 W Flagler St. #424 Miami, Fl. 33144 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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] Kimraj Amrud - President 04/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)