

No. 30 0060033

## FORMULARIO UNICO DE ACTUALIZACION

|                             |                                                                             |                |  |  |  |    |            |                 |   |   |   |       |                 |                            |   |   |                 |    |                                         |   |          |                         |   |   |   |   |      |  |  |  |  |  |  |
|-----------------------------|-----------------------------------------------------------------------------|----------------|--|--|--|----|------------|-----------------|---|---|---|-------|-----------------|----------------------------|---|---|-----------------|----|-----------------------------------------|---|----------|-------------------------|---|---|---|---|------|--|--|--|--|--|--|
| RAZON O DENOMINACION SOCIAL |                                                                             |                |  |  |  | 02 | RUC        | 1               | 7 | 9 | 1 | 3     | 2               | 3                          | 0 | 9 | 2               | 0  | 0                                       | 1 | 03       | EXPEDIENTE              | 5 | 3 | 6 | 5 | 4    |  |  |  |  |  |  |
| 01                          | SUMHOSPITAL CIA. LTDA.                                                      |                |  |  |  |    |            |                 |   |   |   |       |                 |                            |   |   |                 |    |                                         |   |          |                         |   |   |   |   |      |  |  |  |  |  |  |
| 04                          | PROVINCIA<br>Pichincha                                                      |                |  |  |  |    | 05         | CANTON<br>Quito |   |   |   | 06    | CIUDAD<br>Quito |                            |   |   |                 |    |                                         |   | 07       | PARROQUIA<br>Benalcázar |   |   |   |   |      |  |  |  |  |  |  |
| 08                          | CALLE<br>San Ignacio                                                        |                |  |  |  |    |            |                 |   |   |   |       | 09              | NUMERO<br>EQ-62            |   |   |                 | 10 | TELEFONO:<br>2221057                    |   |          |                         |   |   |   |   | FAX: |  |  |  |  |  |  |
| 11                          | INTERSECCION<br>San Javier                                                  |                |  |  |  |    |            |                 |   |   |   |       | 12              | EDIFICIO C. COMERCIAL<br>- |   |   |                 | 13 | PISO, DEPTO, OFICINA<br>P.B.            |   |          |                         |   |   |   |   |      |  |  |  |  |  |  |
| 14                          | ACTIVIDAD ECONOMICA PRINCIPAL<br>Venta de Instrumentos y materiales médicos |                |  |  |  |    |            |                 |   |   |   |       | 15              | COD. ACTIV.<br>            |   |   |                 | 16 | EMAIL<br>sumhospital@sumhospital.com.ec |   |          |                         |   |   |   |   |      |  |  |  |  |  |  |
| 17                          | REPRESENTANTE LEGAL<br>Martha Jalyne Puente Vallejo                         |                |  |  |  |    |            |                 |   |   |   |       | 18              | CEDULA<br>117111074946     |   |   |                 | 19 | CARGO<br>Gerente                        |   |          |                         |   |   |   |   |      |  |  |  |  |  |  |
| 20                          | PERSONAL OCUPADO                                                            |                |  |  |  |    |            |                 |   |   |   |       |                 |                            |   |   | AUDITOR EXTERNO |    |                                         |   | R.N.A.E. |                         |   |   |   |   |      |  |  |  |  |  |  |
| DIRECCION                   | +                                                                           | ADMINISTRACION |  |  |  | +  | PRODUCCION |                 |   |   | - | OTROS |                 |                            |   | 6 | -               |    |                                         |   | -        |                         |   |   |   |   |      |  |  |  |  |  |  |

[illegible]

2.280.03

NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARA CON ENMENDADURAS O TACHONES

|     |   |   |   |     |   |     |   |
|-----|---|---|---|-----|---|-----|---|
| AÑO |   |   |   | MES |   | DÍA |   |
| 2   | 0 | 0 | 9 | 0   | 4 | 2   | 7 |

**TASKI S.A. R.U.C.: 1790716147001 - RESOLUCIÓN No. 9170104DGER - 0177-A 21-04-2004**

FIRMA DEL REPRESENTANTE LEGAL