

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M20009

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: FAMILY MEDICAL RENTALS, INC.

**Current Principal Place of Business:**

2869 SW 69TH CT  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

2869 SW 69TH CT  
MIAMI, FL 33155 US

**New Mailing Address:**

FEI Number: 59-2568673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDIETA, ALEJANDRO  
2869 SW 69TH CT  
MIAMI, FL 33155

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENDIETA, ALEJANDRO  
Address: 2869 SW 69TH CT  
City-St-Zip: MIAMI, FL 33155

Title: TSD ( ) Delete  
Name: GADEA, ERICK  
Address: 2869 SW 69TH CT  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO MENDIETA

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04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date