
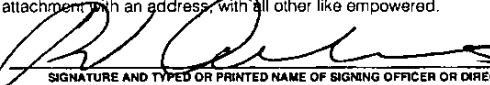


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90024 004 \*\*\*158.75

DOCUMENT # P0000079242					
1. Entity Name EASTERN MEDICAL EQUIPMENT DISTRIBUTORS, INC.					
Principal Place of Business 1625 W MCNAB ROAD POMPAÑO BEACH, FL 33069		Mailing Address 1625 W MCNAB ROAD POMPAÑO BEACH, FL 33069			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1031899	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCO, JAMES L 1625 W MCNAB ROAD POMPAÑO BEACH, FL 33069			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNECHIARICO, RONALD SR		NAME		
STREET ADDRESS	1505 N RIVERSIDE DR #1206		STREET ADDRESS	1001 SE 10th CT.	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO, JAMES L		NAME		
STREET ADDRESS	4400 NE 25TH AVE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 1/6/05		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40000147



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1031899 Applied For Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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, 2005 Fee will be \$550.00**

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

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 STREET ADDRESS 1505 N RIVERSIDE DR #1206  
 CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 1001 SE 10th CT.  
 CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE VTD  Delete  
 NAME MARCO, JAMES L  
 STREET ADDRESS 4400 NE 25TH AVE  
 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE  Change  Addition  
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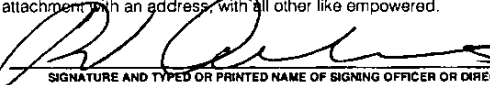
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SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #