


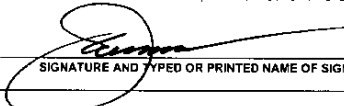
**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 008 \*\*\*150.00

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|--|---|--|---|
| <b>DOCUMENT # P00000079242</b>   |   |   |   |
| 1. Entity Name<br><b>EASTERN MEDICAL EQUIPMENT DISTRIBUTORS, INC.</b>  |   |  |   |
| Principal Place of Business<br>1625 W MCNAB ROAD<br>POMPANO BEACH, FL 33069  |   | Mailing Address<br>1625 W MCNAB ROAD<br>POMPANO BEACH, FL 33069  |   |
| 2. Principal Place of Business<br><b>1324 SOUTH FEDERAL</b>  |   | 3. Mailing Address<br><b>1324 SOUTH FEDERAL</b>  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State<br><b>POMPANO BEACH, FLA</b>  |   | City & State<br><b>POMPANO BEACH, FLA</b>  |   |
| Zip<br><b>33062</b>  | Country<br><b>USA</b>   | Zip<br><b>33062</b>  | Country<br><b>USA</b>   |
| 6. Name and Address of Current Registered Agent<br><b>MARCO, JAMES L<br/>1625 W MCNAB ROAD<br/>POMPANO BEACH, FL 33069</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>ANNECHIARICO, RONALD SR<br>1001 SE 10TH CT.<br>DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VTD<br>MARCO, JAMES L<br>4400 NE 25TH AVE<br>LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <b>1-12-06</b> Daytime Phone # <b>954-788-8009</b>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date Daytime Phone #</small>  |   |