

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023999

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: V & H MEDICAL EQUIPMENT SALES AND RENTALS, INC.

## Current Principal Place of Business:

633 NE 167 ST  
STE 517  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

633 NE 167 ST  
STE 517  
NORTH MIAMI BEACH, FL 33162

## New Mailing Address:

FEI Number: 20-0707800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, GARDENIA  
633 NE 167 ST  
STE 517  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

POLLAK, VICENTA A  
633 NE 167 ST  
STE 517  
NORTH MIAMI BEACH, FL 33162 US

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: VICENTA A. POLLAK

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIAZ, GARDENIA  
Address: 633 NE 167 ST STE 517  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: POLLAK, VICENTA A  
Address: 633 NE 167 ST STE 517  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Delete  
Name: GOMEZ, HILDA M  
Address: 633 NE 167 ST STE 517  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: POLLAK, VICENTA A  
Address: 633 NE 167 ST STE 517  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Change ( ) Addition  
Name: GOMEZ, HILDA M  
Address: 633 NE 167 ST STE 517  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: VICENTA A. POLLAK

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date