

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000061712

**FILED**  
**Dec 06, 2005**  
**Secretary of State**

**Entity Name:** QUALITY SERVICE MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

315 NW 136 CT  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

315 NW 136 CT  
MIAMI, FL 33182

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HERNANDEZ, LEIDY  
315 NW 136 CT  
MIAMI, FL 33182      US

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

DEL PINO, LIONEL  
315 NW 136 CT  
MIAMI, FL 33182      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: LIONEL DEL PINO

12/06/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP                      ( ) Delete  
Name: HERNANDEZ, LEIDY  
Address: 315 NW 136 CT  
City-St-Zip: MIAMI, FL 33182

Title: P                      ( ) Delete  
Name: MARTINEZ, YORDANKA  
Address: 19141 NW 57 CT.  
City-St-Zip: MIAMI, FL 33015

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D                      (X) Change ( ) Addition  
Name: HERNANDEZ, LEIDY  
Address: 315 NW 136 CT  
City-St-Zip: MIAMI, FL 33182

Title: D                      (X) Change ( ) Addition  
Name: MARTINEZ, YORDANKA  
Address: 315 NW 136 CT  
City-St-Zip: MIAMI, FL 33182

Title: P                      ( ) Change (X) Addition  
Name: DEL PINO, LIONEL  
Address: 315 NW 136 CT  
City-St-Zip: MIAMI, FL 33182

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: LIONEL DEL PINO

PRES

12/06/2005

Electronic Signature of Signing Officer or Director

Date