

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078660

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

3450 NW 36TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

3400 NW 36TH STREET  
MIAMI, FL 33142

**Current Mailing Address:**

3450 NW 36TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

3400 NW 36TH STREET  
MIAMI, FL 33142

**FEI Number:** 01-0914830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOLSTANO, NIV B  
3450 NW 36TH STRET  
MIAMI, FL 33142 US

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

TOLSTANO, NIV B  
3400 NW 36TH STRET  
MIAMI, FL 33142 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/22/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TOLSTANO, NIV B  
Address: 9595 COLLINS AVE #905  
City-St-Zip: SURFSIDE, FL 33154 US

Title: D  
Name: TOLSTANO, EDUARDO J  
Address: 9595 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154 US

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO J TOLSTANO

Electronic Signature of Signing Officer or Director

D

03/22/2012

Date