

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000477

**FILED**  
**Aug 28, 2010**  
**Secretary of State**

**Entity Name:** MART MEDICAL EQUIPMENT AND SERVICES, INC

**Current Principal Place of Business:**

7312 NW 8TH ST SUITE G  
MIAMI, FL 33126

**New Principal Place of Business:**

7312 NW 8TH ST  
SUITE G  
MIAMI, FL 33126

**Current Mailing Address:**

7312 NW 8TH ST SUITE G  
MIAMI, FL 33126

**New Mailing Address:**

7312 NW 8TH ST  
SUITE G  
MIAMI, FL 33126

**FEI Number:** 26-4002579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ-TORRES, ROBERTO  
7312 NW 8TH ST SUITE G  
MIAMI, FL 33126 US

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

MARTINEZ-TORRES, ROBERTO  
7312 NW 8TH ST  
SUITE G  
MIAMI, FL 33126 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

08/28/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINEZ-TORRES, ROBERTO  
Address: 7312 NW 8TH ST SUITE G  
City-St-Zip: MIAMI, FL 33126

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: ROBERTO MARTINEZ-TORRES

SR.

08/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date