

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 29, 2005  
Secretary of State**

DOCUMENT# P94000091476

Entity Name: ABC&D MEDICAL EQUIPMENT INC.

**Current Principal Place of Business:**

1933 WEST 68TH STREET  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

1933 WEST 68TH STREET  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 65-0536400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CORZO, DIANEL  
1933 WEST 68TH ST  
HIALEAH, FL 33014      US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CORZO, DIANEL  
Address: 1933 WEST 68TH STREET  
City-St-Zip: HIALEAH, FL 33014

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CASTILLO, SALVADOR  
Address: 1933 WEST 68TH STREET  
City-St-Zip: HIALEAH, FL 33014

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: SALVADOR CASTILLO

VP

07/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date