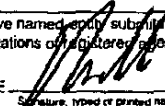
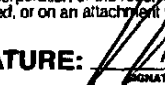


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-13-2004 90024 001 ***150.00

DOCUMENT # P99000033118			
1. Entity Name DISCOUNT MEDICAL EQUIPMENT & REPAIR, INC.			
Principal Place of Business 1905 SANDPIPER DR CLEARWATER, FL 33764		Mailing Address 1905 SANDPIPER DR CLEARWATER, FL 33764	
2. Principal Place of Business 12880 Automobile Blvd		3. Mailing Address	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33762	Country P. R. H. A. J.	Zip	Country
4. FEI Number 59-3565674		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKHOLDER, WILLIAM E 1518 S. MISSOURI AVE. CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Bill Burkholder Street Address (P.O. Box Number is Not Acceptable) 12880 Automobile Blvd Suite A City Clearwater FL Zip Code 33762	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-7-04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKHOLDER, WILLIAM 1905 SANDPIPER DR CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(C), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4-21-04 727 Daytime Phone # 439-7384	

66415827



02092004 Chg-P CR2E034 (10/03)