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Apr 27, 2004 8:00 am
Secretary of State

04-13-2004 90024 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

DOCUMENT # P99000033118

1. Entity Name
DISCOUNT MEDICAL EQUIPMENT & REPAIR, INC.

66415827

Principal Place of Business	Mailing Address
1905 SANDPIPER DR CLEARWATER, FL 33764	1905 SANDPIPER DR CLEARWATER, FL 33764

02092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12880 Automobile Blvd	
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.
City & State: Clearwater, Fl	City & State
Zip: 33762 Country: Pinellas	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 [signature] DATE 4-7-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	☐ Delete
NAME	BURKHOLDER, WILLIAM	
STREET ADDRESS	1905 SANDPIPER DR	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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)(i), 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: [signature] 4-2-04 727 439-7384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #