2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110412

FILED Mar 15, 2004 Secretary of State

Entity Name: ALL STATE ORTHOPEDIC MEDICAL EQUIPMENT INC.

Current Principal Place of Business: New Principal Place of Business:

1490 W 49TH PL 490 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

1490 W 49TH PL 490 HIALEAH, FL 33012

FEI Number: 06-1654321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAPALO, MIRIAM B

19460 NW 59 AVE

MIAMI, FL 33015 US

WILSON, EVERETT

2151 LEJEUNE RD.

MEZZANINE

CORAL GABLES, FL 33134 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.

0.001.47.17.

SIGNATURE: J. EVERETT WILSON 03/15/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition **PVST** () Delete Title: **PVST** RAPALO, MIRIAM ROSABAL-RAMOS, OSCAR Name: Name: 640 NW 57 COURT 19460 NW 59 AVE Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33126

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: OSCAR ROSABAL-RAMOS PRES 03/15/2004

Electronic Signature of Signing Officer or Director

Date