


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90020 026 \*\*\*150.00

<b>DOCUMENT # P04000085354</b>	
1. Entity Name <b>DANIA MEDICAL EQUIPMENT &amp; SUPPLIES INC.</b>	

Principal Place of Business <b>346 E. BEACH BLVD DANIA, FL 33004 US</b>	Mailing Address <b>346 E. DANIA BEACH BLVD DANIA, FL 33004 US</b>
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**40071051**



2. Principal Place of Business - No P.O. Box # <b>346 E. Dania Bch Blvd</b>	3. Mailing Address Suite, Apt. #, etc.
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04162008 Chg-P CR2E034 (12/06)

City & State <b>DANIA, FL</b>	City & State
Zip <b>33004</b>	Country <b>US</b>

4. FEI Number <b>20-1202640</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZIGMOND, OLGA 3800 SOUTH OCEAN DRIVE APT.320 HOLLYWOOD, FL 33019</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZIGMOND, OLGA</b>		NAME <b>Zigmond Olga</b>	
STREET ADDRESS <b>3800 SOUTH OCEAN DR. APT.320</b>		STREET ADDRESS <b>346 E. Dania Bch Blvd</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33019</b>		CITY-ST-ZIP <b>DANIA, FL 33004</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AGRACHOV, MARGARITA</b>		NAME <b>AGRACHOV MARGARITA</b>	
STREET ADDRESS <b>3800 SOUTH OCEAN DR. APT.320</b>		STREET ADDRESS <b>346 E. Dania Bch Blvd</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33019</b>		CITY-ST-ZIP <b>DANIA, FL 33004</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Olga Zigmond* **Olga Zigmond** 4/16/08  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (954) 926-8410