

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000055561

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** ACE MEDICAL EQUIPMENT GROUP CORP.

**Current Principal Place of Business:**

1572 W 37 ST  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1535 SW 119 CT  
MIAMI, FL 33184

**New Mailing Address:**

1572 W 37 ST  
HIALEAH, FL 33012

**FEI Number:** 65-0764806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, MARIA  
1572 W 37 STREET  
HIALEAH, FL 33012 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:** PTS  
**Name:** PEREZ, MARIA  
**Address:** 1401 W. 29TH STREET, LOT B27  
**City-St-Zip:** HIALEAH, FL 33012

**Title:** VP  
**Name:** DIB, YAIDELIS  
**Address:** 1572 W. 31 ST  
**City-St-Zip:** HIALEAH, FL 33012

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA PEREZ

PTS

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date