

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M99839

**Entity Name:** JAIRO'S MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

1823 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1823 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**FEI Number:** 65-0072142

**Certificate of Status Desired:** No

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

EMILSA, LOPEZ  
1823 PONCE DE LEON BLVD  
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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name LOPEZ, EMILSA  
Address 1823 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title OFFICER  
Name SANDOVAL, JAIRO  
Address 1823 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*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:** EMILSA LOPEZ

**PRES**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date