

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000085354

**Entity Name:** DANIA MEDICAL EQUIPMENT & SUPPLIES INC.

**Current Principal Place of Business:**

354 E DANIA BEACH BLVD  
DANIA, FL 33004

**Current Mailing Address:**

354 E DANIA BEACH BLVD  
DANIA, FL 33004

**FEI Number:** 20-1202640

**Certificate of Status Desired:** No

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

AMINOV, ALLA  
354 EAST DANIA BEACH BLVD  
DANIA, FL 33004 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	P	Title	VP
Name	AMINOV, ALLA	Name	AMINOV, STEVE
Address	354 E. DANIA BCH BLVD.	Address	354 E DANIA BEACH BLVD
City-State-Zip:	DANIA FL 33004	City-State-Zip:	DANIA FL 33004

*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:** ALLA AMINOV

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date