

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000001900

**Entity Name:** EQUILIBRIUM MEDICAL SUPPLY INC.

**Current Principal Place of Business:**

2100 E HALLANDALE BEACH BLVD  
301  
HALLANDALE, FL 33009

**Current Mailing Address:**

2100 E HALLANDALE BEACH BLVD  
301  
HALLANDALE, FL 33009 US

**FEI Number:** 90-0254044

**Certificate of Status Desired:** No

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

JEREMY, WAXMAN  
2100 E HALLANDALE BEACH  
301  
HALLANDALE, FL 33009 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  
Name WAXMAN, JEREMY  
Address 2100 E HALLANDALE BEACH BLVD  
City-State-Zip: HALLANDALE FL 33009

*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:** JEREMY WAXMAN

**PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date