

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078660

Entity Name: FLORIDA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3400 NW 36TH STREET
MIAMI, FL 33142

Current Mailing Address:

3400 NW 36TH STREET
MIAMI, FL 33142

FEI Number: 01-0914830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOLSTANO, NIV B
3400 NW 36TH STREET
MIAMI, FL 33142 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	D
Name	TOLSTANO, NIV B	Name	TOLSTANO, EDUARDO J
Address	9595 COLLINS AVE #905	Address	9595 COLLINS AVE
City-State-Zip:	SURFSIDE FL 33154	City-State-Zip:	SURFSIDE FL 33154

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: NIV BRIAN TOLSTANO

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date