

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079518

**Entity Name:** MEDESOUTH MEDICAL EQUIPMENT CORP.

**Current Principal Place of Business:**

5405 NW 102 AVENUE STE 222  
SUNRISE, FL 33351

**Current Mailing Address:**

5405 NW 102 AVENUE STE 222  
SUNRISE, FL 33351

**FEI Number: 45-3197002**

**Certificate of Status Desired: No**

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

ADR ACCOUNTING SERVICES CORP.  
4699 N FEDERAL HWY  
SUITE 109E  
POMPANO BEACH, FL 33064 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 CAMPOS, MARCELO M  
Address 2086 POLO GARDENS DR APT 101  
City-State-Zip: WELLINGTON FL 33414

*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: MARCELO M CAMPOS**

**PD**

**04/30/2014**

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

\_\_\_\_\_  
Date