

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092474

Entity Name: NORTHEAST MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3600 VINELAND ROAD, SUITE 114
ORLANDO, FL 32811

Current Mailing Address:

3600 VINELAND ROAD, SUITE 114
ORLANDO, FL 32811 US

FEI Number: 59-3345262

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 PRESIDENT, DIRECTOR
Name PIGG, TIMOTHY C.
Address 3600 VINELAND ROAD, SUITE 114
City-State-Zip: ORLANDO FL 32811

Title SECRETARY, DIRECTOR
Name BURRES, STEVEN B.
Address 3600 VINELAND ROAD, SUITE 114
City-State-Zip: ORLANDO FL 32811

Title TREASURER
Name KOENIG, THOMAS J.
Address 3600 VINELAND ROAD, SUITE 114
City-State-Zip: ORLANDO FL 32811

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: STEVEN B. BURRES

SECRETARY

03/25/2018

Electronic Signature of Signing Officer/Director Detail

Date