

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000092474

Entity Name: NORTHEAST MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

2600 TECHNOLOGY DRIVE
SUITE 300
ORLANDO, FL 32804

Current Mailing Address:

2600 TECHNOLOGY DRIVE
SUITE 300
ORLANDO, FL 32804 US

FEI Number: 59-3345262

Certificate of Status Desired: No

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 ALSENE, STEVEN P
Address 2600 TECHNOLOGY DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32804

Title SECRETARY, DIRECTOR
Name LEE, R. KIMBARK
Address 2600 TECHNOLOGY DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32804

Title TREASURER
Name MEADOR, DAVID J
Address 2600 TECHNOLOGY DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32804

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: R. KIMBARK LEE

SECRETARY

10/16/2013

Electronic Signature of Signing Officer/Director Detail

Date