

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000055561

**Entity Name:** ACE MEDICAL EQUIPMENT GROUP CORP.

**Current Principal Place of Business:**

1572 W 37 ST  
HIALEAH, FL 33012

**Current Mailing Address:**

1572 W 37 ST  
HIALEAH, FL 33012

**FEI Number:** 65-0764806

**Certificate of Status Desired:** No

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

PEREZ, MARIA  
1572 W 37 STREET  
HIALEAH, FL 33012 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	PSD
Name	PEREZ, MARIA
Address	1401 W. 29TH STREET, LOT B27
City-State-Zip:	HIALEAH FL 33012

Title	VPD
Name	BADELL, EDUARDO
Address	1572 W. 37 ST
City-State-Zip:	HIALEAH FL 33012

*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:** MARIA PEREZ

**PRESIDENT**

**03/26/2013**

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

\_\_\_\_\_  
Date