

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 020 ***150.00

DOCUMENT # 264768

1. Entity Name
CMR MEDICAL EQUIPMENT INC.



Principal Place of Business
**1889 N.W. 7TH STREET
MIAMI, FL 33125**

Mailing Address
**1889 N.W. 7TH STREET
MIAMI, FL 33125**

54071281

2. Principal Place of Business
1697 E. RIDGEFIELD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
C/O RONALD WEINTRAUB, CPA
Suite, Apt. #, etc.
1320 S. DIXIE HWY, #750

08252004 Chg-P CR2E034 (10/03)

City & State
HERNANDO, FL

City & State
CORAL GABLES, FL

4. FEI Number
59-0998916

Applied For
Not Applicable

Zip
34442

Country

Zip
33146

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RANDLE, JAMES A
1889 N.W. 7TH STREET
MIAMI, FL 33125**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1697 E. RIDGEFIELD DRIVE
City **HERNANDO** **FL** Zip Code **34442**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James A. Randle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

AUG. 27, 2004

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RANDLE, JAMES A**
STREET ADDRESS **1889 N W 7TH STREET**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1697 E. RIDGEFIELD DRIVE**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **VTD** ☐ Delete
NAME **RANDLE, CAROL MCNEAL**
STREET ADDRESS **1889 NW 7 STREET**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1697 E. RIDGEFIELD DRIVE**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **SD** ☒ Delete
NAME **CAMERON, PAMELA L**
STREET ADDRESS **1889 NW 7 STREET**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Randle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-2004 352-341-6289

Date

Daytime Phone #