

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549628

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** MEDICAL EQUIPMENT SALES, INC.

**Current Principal Place of Business:**

302 NW 6TH ST  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

302 NW 6TH ST  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-2015549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNDEN, SUSAN R  
302 NW 6TH ST  
GAINESVILLE, FL 32601 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MUNDEN, SUSAN R  
Address: 302 NW 6 ST  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D  
Name: JOHNSON, LEE R SR  
Address: 302 NW 6 STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VD  
Name: JOHNSON, DARRELL W SR.  
Address: 302 NW 6 STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: SD  
Name: BIGELOW, BETSY L  
Address: 302 NW 6 STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TD  
Name: WHITESIDES, CAROLANN K  
Address: 302 NW 6 STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D  
Name: LOPER, JANET L  
Address: 302 NW 6 STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

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: SUSAN R MUNDEN

PRES

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date