

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 664086

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: MIAMI MEDICAL EQUIPMENT AND SUPPLY CORP.

## Current Principal Place of Business:

2150 NW 93 AVE.  
MIAMI, FL 33172 US

## New Principal Place of Business:

2150 NW 93 AVE.  
DORAL, FL 33172 US

## Current Mailing Address:

2150 NW 93 AVE.  
MIAMI, FL 33172 US

## New Mailing Address:

2150 NW 93 AVE.  
DORAL, FL 33172 US

FEI Number: 59-1980264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FREEMAN, PAUL H.  
1840 WEST 49 ST  
SUITE 410  
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TERAN, RENE  
Address: 400 ISLAND DRIVE  
City-St-Zip: KEY BISCAVNE, FL

Title: SD ( ) Delete  
Name: TERAN, LAURA  
Address: 400 ISLAND DRIVE  
City-St-Zip: KEY BISCAVNE, FL

Title: VD ( ) Delete  
Name: ZAPATA, TERESITA  
Address: 5673 SW 150 AVE  
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete  
Name: FREEMAN,PAUL H.(ASST.)  
Address: 1840 W. 49 ST.  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TERAN, RENE  
Address: 400 ISLAND DRIVE  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: SD (X) Change ( ) Addition  
Name: TERAN, LAURA  
Address: 400 ISLAND DRIVE  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERESITA ZAPATA

VD

04/22/2009

Electronic Signature of Signing Officer or Director

Date