

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 664086

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** MIAMI MEDICAL EQUIPMENT AND SUPPLY CORP.

**Current Principal Place of Business:**

2150 NW 93 AVE.  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2150 NW 93 AVE.  
DORAL, FL 33172 US

**New Mailing Address:**

**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  
**Name:** TERAN, RENE  
**Address:** 400 ISLAND DRIVE  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** SD  
**Name:** TERAN, LAURA  
**Address:** 400 ISLAND DRIVE  
**City-St-Zip:** KEY BISCAVNE, FL 33149

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

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:** TERESITA ZAPATA

VD

03/03/2010

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

\_\_\_\_\_  
Date