

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764635

**FILED  
Apr 21, 2004  
Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF MEDICAL EQUIPMENT SERVICES, INC.

**Current Principal Place of Business:**

3203 LAWTON RD.  
SUITE 100  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

3203 LAWTON RD.  
SUITE 100  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-2156205      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MOSS, W. E JR  
3657 MAGUIRE BLVD  
STE. 150  
ORLANDO, FL 32803 US

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

MOSS, W. E JR  
480 NORTH ORLANDO AVENUE  
SUITE 218  
WINTER PARK, FL 32789 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: E. W. MOSS, JR.      04/21/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CROSS, JOAN  
Address: 2801 MANATEE AVE W  
City-St-Zip: BRADENTON, FL 34209

Title: VP      ( ) Delete  
Name: STELZNER, JOHN  
Address: 4513 COUNTRY GATE CT  
City-St-Zip: VALRICO, FL 33594

Title: VP      ( ) Delete  
Name: SOWARDS, BRENT  
Address: 7401 114TH AVE N #501  
City-St-Zip: LARGO, FL 33773

Title: T      ( ) Delete  
Name: LOPEZ, RAUL  
Address: 2694 SW 87TH AVE  
City-St-Zip: MIAMI, FL 33165

Title: ED      ( ) Delete  
Name: ALLAN, HEATHER  
Address: 3203 LAWTON RD, SUITE 100  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER E. ALLAN      ED      04/21/2004  
Electronic Signature of Signing Officer or Director      Date