

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764635

FILED  
Apr 29, 2005  
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  
480 NORTH ORLANDO AVENUE  
SUITE 218  
WINTER PARK, FL 32789 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: 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: SEELEY, BRIAN  
Address: 100 BUSINESS CENTER, STE. 6  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change ( ) Addition  
Name: LOPEZ, RAUL  
Address: 7835 NW 148 ST.  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, TROY  
Address: 4301 32ND ST. W., #C6  
City-St-Zip: BRADENTON, FL 34205

Title: T (X) Change ( ) Addition  
Name: LOPER, JAMIE  
Address: 501 NE 23RD AVE.  
City-St-Zip: GAINESVILLE, FL 32609

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

Title: PP ( ) Change (X) Addition  
Name: CROSS, JOAN A  
Address: 4050 20TH ST. WEST  
City-St-Zip: BRADENTON, FL 34205

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date