

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764635

FILED  
Apr 19, 2006  
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: SEELEY, BRIAN  
Address: 100 BUSINESS CENTER, STE. 6  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: SIMS, GREG  
Address: 501 NE 23RD AVE.  
City-St-Zip: GAINESVILLE, FL 32609

Title: VP (X) Change ( ) Addition  
Name: STELZNER, JOHN  
Address: 4513 COUNTRY GATE COURT  
City-St-Zip: VALRICO, FL 33594

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 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 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

04/19/2006

Electronic Signature of Signing Officer or Director

Date