

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764635

FILED
Sep 04, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: () 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:

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 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

09/04/2007

Electronic Signature of Signing Officer or Director

Date