2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001084

Entity Name: NATIONWIDE MEDICAL EQUIPMENT, INC.

FILED Jan 11, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1510 STUART RD SUITE 109 1510 STUART RD CLEVELAND, TN 37312 5UITE 109

CLEVELAND, TN 37312

Current Mailing Address: New Mailing Address:

1510 STUART RD SUITE 109 1510 STUART RD CLEVELAND, TN 37312 5UITE 109

SUITE 109 CLEVELAND, TN 37312

FEI Number: 20-3280227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324 US

NATIONAL CORPORATE RESEARCH LTD INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MELISSA MCMICHAEL 01/11/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: GOFF, DWIGHT R

Address: 1510 STUART RD SUITE 109 City-St-Zip: CLEVELAND, TN 37312

Title:

Name: JONES, BRIAN E

Address: 1510 STUART RD SUITE 109 City-St-Zip: CLEVELAND, TN 37312

Title: P

Name: GOFF, DUANE R

Address: 1510 STUART RD SUITE 109 City-St-Zip: CLEVELAND, TN 37312

Title: S

Name: GUY, CHRIS S

Address: 1510 STUART RD SUITE 109 City-St-Zip: CLEVELAND, TN 37312

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: DUANE R. GOFF D 01/11/2010