

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F92724

1. Entity Name
HOSPITAL EQUIPMENT MARKETING, INC.



Principal Place of Business

14120 SW 44 STREET
MIAMI, FL 33175

Mailing Address

14120 SW 44 STREET
MIAMI, FL 33175



03012004 000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2205602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 00000000
00000000

6. Name and Address of Current Registered Agent

MARTINEZ, HECTOR
14120 S.W. 44TH STREET
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
0000000000

000000092840
03/19/04-80017-002 155.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTINEZ, HECTOR
14120 S.W. 44TH STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTINEZ, JUANA
14120 S.W. 44TH STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/04