
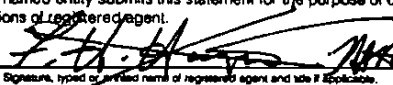
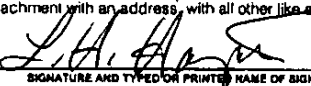


FILED
Apr 18, 2007 8:00 am
Secretary of State

03-16-2007 90034 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000004005			
1. Entity Name HEALTH EQUIPMENT LOGISTICS & PLANNING, INC.			
Principal Place of Business 5085 W PARK BLVD STE 350 PLANO, TX 75093		Mailing Address 5085 W PARK BLVD STE 350 PLANO, TX 75093	
DO NOT WRITE IN THIS SPACE			
		02092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 75-1851454	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADWELL, RODNEY 2600 MCCORMICK DR STE 290 CLEARWATER, FL 33759		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:  2-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HAMPTON, LARRY 5085 W PARK BLVD STE 350 PLANO, TX 75093		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CADWELL, RODNEY 2600 MCCORMICK DR STE 290 CLEARWATER, FL 33759		
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 exemptions contained 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 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:  C.E.O. 3/30/07 972-612-4646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT
HELP 66009831
INTERNATIONAL
Medical Equipment Consultants & Planners

April 11, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: F9400000-4005

To Whom It May Concern:

We are in receipt of your letter date March 20, 2007, indicating we failed to have an officer sign our annual business report. Upon review, we discovered we signed the business report in the wrong place, so we marked through that signature, initialed, and signed in the appropriate place.

We apologize for any delay this may have caused. Please let us know if we may be of any further assistance.

Sincerely,



Larry Hampton
Chief Executive Officer

/sls

Enclosures