

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002523

FILED  
Sep 13, 2007  
Secretary of State

Entity Name: SERVICE MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

CARRETA 152 KI 8.7  
BO. QUEBRADILLA  
BARRANQUITAS, PUERTO RICO, 00794

## New Principal Place of Business:

CARRETA 152 KI 6.7  
BO. QUEBRADILLA  
BARRANQUITAS,, PR 00794

## Current Mailing Address:

P.O. BOX 133250  
HIALEAH, FL 33013

## New Mailing Address:

FEI Number: 66-0518040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BALLART, ARMANDO JR.  
3760 WEST 6 LANE  
HIALEAH, FL 33012      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BALLART, ARMANDO JR.  
Address: 3760 WEST 6 LANE  
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete  
Name: BALLART, NORMA  
Address: 3760 WEST 6 LANE  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA BALLART

SS

09/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date