2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# H72970

Entity Name: A-ABILITY MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

4010 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9445
TAMPA, FL 33674 US

New Mailing Address:

FEI Number: 59-2574973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM WEBER
4010 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 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

OFFICERS AND DIRECTORS:

Title: C
Name: WEBER, JOSEPH W
Address: 4010 EAST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: ST
Name: WEBER, ALISON D
Address: 4010 EAST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: P
Name: ALLEN, MICHAEL S
Address: 4010 EAST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: CFO
Name: HOWARD, RUSSELL
Address: 4010 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33610

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: ALISON D. WEBER ST 02/07/2012

Electronic Signature of Signing Officer or Director Date