

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 06, 2004 8:00 am  
Secretary of State**

05-06-2004 90180 003 \*\*\*150.00

DOCUMENT # J58117		
1. Entity Name LAUDERDALE MEDICAL EQUIPMENT SERVICE, INC.		
Principal Place of Business %JAMES J. BOWDEN 2536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305 US	Mailing Address %JAMES J. BOWDEN 2536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305 US	
<b>DO NOT WRITE IN THIS SPACE</b>		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0000765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BOWDEN, JAMES J. 2536 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305	<b>DO NOT WRITE IN THIS SPACE</b>
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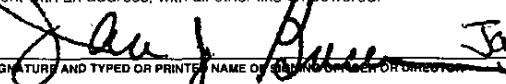
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, JAMES J. 3031 NORTH OCEAN BLVD. FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BOWDEN, GWENDOLYN M. 3031 N. OCEAN BLVD FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  James J. Bowden 4/30/04 984-561-3996  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #