2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 22

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)					FILED			
DOCUMENT # K31082 1. Entity Name					Feb 26, 2004 08:00 AM Secretary of State			
MIAMI MEDICAL EQUIPMENT SERVICES, INC.					3	ecretary	oi Stat	ie
Principal Place of Business Mailing Address				<u> </u>				
525 SW 79TH CT MIAMI FL 33144 US		525 SW 79TH CT MIAMI FL 33144 US						
2. Principal Place of Business		3. Mailing Address				#1811 #1811 #1811 #1811		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2E034	i (11/03)	•	
City & State		City & State	City & State		4. FEI Number 65-00	066424		plied For t Applicable
Zıp	Country	Zıp	Coun	itry	5. Certificate of Status I	Desired	\$8.75 Addi	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	1	7. Name and Address	of New Registered		
or name and records of the regions of the				Name				
NUNEZ, DAISY 525 SW 79TH COURT MIAMI FL 33144			Street Address (P.O. Box Number is Not Acceptable)					
WIIA	WI 1 E 33144			City		FI	Zip Code	9
9 The above	named entity submits this statement	ed office or register	ed agent, or both, in the S		_	and accept		
the obligat	tions of registered agent.	to the purpose of changing to	, regional					
SIGNATURE.	Signature typed or printed name of registered age	ent and title if applicable (NOT	E Registere	a Agent signature required	(when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00					9 Floation Com	ipaign Financing	£5.0	Λν. ».
Afte	r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department	0 of State			Trust Fund C			0 May Be I to Fees
			11.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTOR!	S IN 11
TITLE	Р	Delete	ŢĦĹ				☐ Change	☐ Addition
NAME	NUNEZ, DAISY		NAN	į	UO	0893800000		
STREET ADDRESS CITY-ST-ZIP	525 SW 79TH COURT MIAMI FL 33144		CITY	EET ADDRESS (-ST-ZIP	02/26	0000066680 /04-80025-0		
TITLE NAME		☐ Delete	TITL NAM	1			Change	Addition Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			cm	(-ST-ZIP				
TITLE		☐ Delete	TITL				Change	☐ Addition
NAME STREET ADDRESS	1		NAN STR	ME EET ADDRESS				
CITY-ST-ZIP			E .	/-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME			NAN	1				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-SY-ZIP				
TITLE		☐ Delete	TITL				☐ Change	☐ Addition
NAME			NAM	I				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			Channa	☐ Addition
TITLE NAME		☐ Delete	TITE NAM	1			Change	1_1 Addyton
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
12. I hereby	certify that the information supplied v	with this filling does not qualify for	or the exe	emption stated in Seature shall have the	ection 119.07(3)(i), Florida same legal effect as if ma	Statutes, I further code under oath: that	ertify that the in am an officer	nformation or director
of the co changed	certify that the information supplied of an this report or supplemental report poration or the receiver or trustee of the original address to one an attachment with an address	mpowered to execute this reports, with all other like empowered	t as requ	ired by Chapter 60	7, Florida Statutes; and tha	it my name appears	In Block 10 o	r Block 11 if

Daytime Phone #

Date