
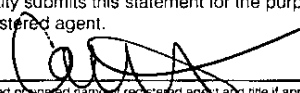
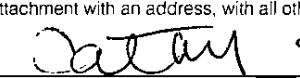


**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90054 035 \*\*\*150.00

<b>DOCUMENT # L17256</b> 1. Entity Name <b>CORAL MEDICAL EQUIPMENT &amp; SUPPLY, INC.</b>						<b>Secretary of State</b> 01-30-2006 90054 035 ***150.00	
Principal Place of Business <b>87899 OVERSEAS HWY ISLAMORADA, FL 33036 US</b>				Mailing Address <b>PO BOX 9720 TAVERNIER, FL 33070 US</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>WEST, CLEVELAND D. 87899 OVERSEAS HWY ISLAMORADA, FL 33036</b>				7. Name and Address of New Registered Agent Name <b>BATTREALL, CATHY C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>87899 OVERSEAS HWY</b> City <b>ISLAMORADA</b> FL Zip Code <b>33036</b>			
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  <b>CATHY C. BATTREALL</b> 1-26-06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLUM, STEPHEN F. 87899 OVERSEAS HWY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, CLEVELAND D. 87899 OVERSEAS HWY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTREALL, CATHY C. 87899 OVERSEAS HWY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>CATHY C. BATTREALL</b> 1-26-06 305-852-4322				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			