

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22176

FILED
Mar 15, 2004
Secretary of State

Entity Name: QUALITY MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

4051 E 8 AVE
HIALEAH, FL 33013

New Principal Place of Business:

4051 E 8 AVE
SUITE 1
HIALEAH, FL 33013

Current Mailing Address:

4051 E 8 AVE
HIALEAH, FL 33013

New Mailing Address:

4051 E 8 AVE
SUITE 1
HIALEAH, FL 33013

FEI Number: 65-0158989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRANO JR., RAUL O., C.P.A.
1065 NE 125TH STREET
SUITE 317
NORTH MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PONCE, CARLOS E.,
Address: 1180 NE 161ST TERR.
City-St-Zip: NO. MIAMI BEACH, FL 33162

Title: D () Delete
Name: OLIVEROS, JOSE R.,
Address: 1180 NE 161ST TERR.
City-St-Zip: NO. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PONCE, CARLOS E.,
Address: 4051 EAST 8 AVE, SUITE 1
City-St-Zip: HIALEAH, FL 33015

Title: VP (X) Change () Addition
Name: OLIVEROS, JOSE R.,
Address: 4051 EAST 8 AVE, SUITE 1
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS E. PONCE

P

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date