

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22176

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** QUALITY MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

4051 EAST 8TH AVE  
SUITE 1  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

4051 E 8 AVE  
SUITE 1  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** 65-0158989      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAUL O. SERRANO JR., , C.P.A.  
4330 SHERIDAN STREET  
STE #202B  
HOLLYWOOD, FL 33021 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: P  
Name: PONCE, CARLOS E.  
Address: 4051 EAST 8 AVE, SUITE 1  
City-St-Zip: HIALEAH, FL 33015

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

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: JOSE R. OLIVEROS

VP

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date