

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47932

**FILED**  
**Jan 04, 2006**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA MEDICAL EQUIPMENT COMPANY

**Current Principal Place of Business:**

10540 NW 29TH TERR  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

10540 NW 29TH TERR  
MIAMI, FL 33172 US

**New Mailing Address:**

**FEI Number:** 65-0171342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ, YOLANDA  
5739 N.W. 7TH STREET  
MIAMI, FL 33126 US

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

HERNANDEZ, YOLANDA  
10540 NW 29TH TERR  
MIAMI, FL 33172 US

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: YOLANDA HERNANDEZ      01/04/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HERNANDEZ, RODOLFO  
Address: 5735 NW 7TH ST  
City-St-Zip: MIAMI, FL 33126 US

Title: PD ( ) Delete  
Name: HERNANDEZ, YOLANDA  
Address: 5735 NW 7TH ST  
City-St-Zip: MIAMI, FL 33126 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HERNANDEZ, RODOLFO  
Address: 10540 NW 29TH TERR  
City-St-Zip: MIAMI, FL 33172 US

Title: PD (X) Change ( ) Addition  
Name: HERNANDEZ, YOLANDA  
Address: 10540 NW 29TH TERR  
City-St-Zip: MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: YOLANDA HERNANDEZ      PD      01/04/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date