

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75692

FILED
Jan 27, 2004
Secretary of State

Entity Name: ABEL MEDICAL EQUIPMENT AND SUPPLY, INC.

Current Principal Place of Business:

C/O DOMINIC SIANO
10800 S US #1
PORT S. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2025 MIMOSA AVENUE
FT PIERCE, FL 34949 US

New Mailing Address:

FEI Number: 65-0219252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIANO, DOMINIC
2025 MIMOSA AVENUE
FT PIERCE, FL 34949

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: PT () Delete
Name: SIANO, DOMINIC,
Address: 2025 MIMOSA AVENUE
City-St-Zip: FT. PIERCE, FL 34949

Title: VPS () Delete
Name: JACKSON, KENNETH A.
Address: 2301 OKEECHOBEE ROAD
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOMINIC SIANO

PT

01/27/2004

Electronic Signature of Signing Officer or Director

Date