

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008373

FILED
Apr 30, 2012
Secretary of State

Entity Name: THE MEDICAL EQUIPMENT EXCHANGE PROJECT, INC.

Current Principal Place of Business:

5499 N. FEDERAL HWY., STE K
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5499 N. FEDERAL HWY., STE K
BOCA RATON, FL 33487

New Mailing Address:

PO BOX 624
BOCA RATON, FL 33429

FEI Number: 26-3411753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, JASON
351 NE 4TH AVE
BOCA RATON, FL 33432 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: D
Name: MUELLER, JASON
Address: 351 NE 4TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: SULLIVAN, CHRISTOPHER
Address: 2225 S OCEAN BLVD #5
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: LOVE, RYAN
Address: P.O. BOX 29-4017
City-St-Zip: BOCA RATON, FL 33429

Title: D
Name: HAYS, BENJAMIN
Address: 278 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33432

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON MUELLER

CEO

04/30/2012

Electronic Signature of Signing Officer or Director

Date