## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 04, 2006 8:00 am Secretary of State

DOCUMENT # P0000019340  1. Entity Name CONDOR MEDICAL EQUIPMENT, INC.							05-04-2006 9	0195 03:	3 ***150.	.00
Principal Place of Business Mailing Address							4 11			
5001 SW 74	CT		5001 SW 74 CT			40082617				
106 Miami, FL 33	3155		106 Miami, Fl 33155				·			
2. Principal Pl	ace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.  City & State			03092006	Chg-P	CR2E0	34 (11/05)	alla al E
City & State			City & State			4. FEI Numb 65-098			<del></del>	plied For t Applicable
Zip		Country	Zíp Co		ntry	5. Certificate of Status Desired   \$8.75 Addiffee Required			itional f	
6. Name and Address of Current I		t Registered Agent	legistered Agent		7. Name and Address of New Registered Agent					
PARGA, A	VMEE		Name							
5001 SW 7		J .		Street Address (	ess (P.O. Box Number is Not Acceptable)					
106 MIAMI, FL	33155						·		-	
		· 2			City	·		FL	Zip Code	3
			or the purpose of changing its	register	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am f	amiliar with,	and accept
the obligations of registered agent.										
SIGNATURE_	Signature, typed	or physical care of registered ager	it and title if applicable. (NO)	E: Recyster	ad Agent agnature requires	o when reinstating)		DATE	-	
FILI After Ma	E NOW!!! ay 1, 200	FEE IS:\$150.00 6 Fee will be \$550	9. Election Campa Trust Fund Con	-	·	.00 May Be led to Fees				1.
10.		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	CERS AND		
10 LE NAME	P Delete 177								Change	Addition
STREET ADDRESS	5001 SW	74 CT #106			EET ADDRESS					.
CITY-SI-ZIP	MIAMI, FI	L 33155	☐ Delete	City	Y-SI-ZIP				☐ Change	
TIFLE NAME			Oeiete	NAS					Grisinge	
STREET ADDRESS					eet address Y-ST-ZIP					
CMY-ST-ZIP		<u> </u>	☐ Delete	TITE					☐ Change	Addition
NA3/E			O Deste	NA						
STREET ADORESS CITY: ST-ZIP	i				EET ADORESS Y-SI-ZIP					
(IftE			□ Deiete	LEU.		•			☐ Change	Addition
NAME				NA?	-					
STREET ADDRESS CITY+ST-ZIP					EET ADDRESS Y-ST-ZIP					
INLE		<u></u>	☐ Delete	161	LE				☐ Change	☐ Addition
NAME				NAS						
STREET ADDRESS CITY-ST-ZIP					RET ADDRESS Y- ST-ZIP					
FITLE			☐ Delete	TET					☐ Change	Addition
NAME				NAS S1S	WE REET ADERESS					
STREET ADDRESS CITY-ST-ZIP				CIT	Y - ŞT - ZIP					_
12. I hereby of indicated	certify that the	ne information supplied work or supplemental report	th this filing does not qualify is the and accurate and that	or the ex	kemptions containe ature shall have the	d in Chapter 11 same legal effe	9 Florida Statutes. I	further cert	lify that the in	information or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empoyaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR LESS. 03-09-06 (205)661-131)										