FROM : Corpotax PHONE NO. : 3054417 9E

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90316 016 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042422

1. Entity Name
A & C MEDICAL RENTALS & SUPPLIES, INC.

Principal Place of Business	Mailing Address
2742 SW 8TH ST., STE. 28 MIAMI, FL 33125	2742 SW 8TH ST., STE. 28 MIAMI, FL 33125

04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1002553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANNA
2742 SW 8TH ST., STE. 28
MIAMI, FL 33125

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	GONZALEZ, ANNA
STREET ADDRESS	2742 SW 8TH ST., STE. 28
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	GONZALEZ, ANNA
STREET ADDRESS	2742 SW 8TH ST., STE. 28
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gonzalez 4-26-04 305 541-2694
Date Daytime Phone #