

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044679

FILED
Jan 07, 2004
Secretary of State

Entity Name: MEDI-MART MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

8045 W OAKLAND PK BLVD
SUNRISE, FL 33351

New Principal Place of Business:

1876 N UNIVERSITY DRIVE
PLANTATION, FL 33322

Current Mailing Address:

8045 W OAKLAND PK BLVD
SUNRISE, FL 33351

New Mailing Address:

8763 EL PASO DRIVE
LAKE WORTH, FL 33467

FEI Number: 65-1004601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERDES, KARL-HENRY
3516 JACKSON BLVD
FT LAUDERDALE, FL 333123442

Name and Address of New Registered Agent:

GERDES, KARL-HENRY
8763 EL PASO DRIVE
LAKE WORTH, FL 33467

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:

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERDES, KARL-HENRY
Address: 3516 JACKSON BLVD
City-St-Zip: FT LAUDERDALE, FL 333123442

Title: SD () Delete
Name: GERDES, PATRICIA
Address: 3516 JACKSON BLVD
City-St-Zip: FT LAUDERDALE, FL 333123442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERDES, KARL-HENRY
Address: 8763 EL PASO DR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Change () Addition
Name: GERDES, PATRICIA
Address: 8763 EL PASO DR
City-St-Zip: LAKE WORTH, FL 33467

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: KARL-HENRY GERDES

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date