

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90749 039 \*\*\*150.00

**DOCUMENT # P00000104848**

1. Entity Name  
**ALTERNATIVE MEDICAL EQUIPMENTS INC.**



Principal Place of Business  
**7805 CORAL WAY SUITE 127  
MIAMI, FL 33155**

Mailing Address  
**7805 CORAL WAY SUITE 127  
MIAMI, FL 33155**

2. Principal Place of Business  
**8743 SW 9th Terrace**

3. Mailing Address

Suite, Apt. #, etc.  
**STE # 3**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

Zip  
**33174**

Country  
**US**

Zip

Country

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-1053279**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**RIVS, TERESA G  
3302 SW 152 PL  
MIAMI, FL 33185**

## 7. Name and Address of New Registered Agent

Name **RIUS, TERESA C**  
Street Address (P.O. Box Number is Not Acceptable)

**8743 SW 9 TERR**

City **MIAMI**

**FL**

Zip Code  
**33174**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/30/04**  
DATE

**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 **PD** ☐ Delete  
NAME **D'MONDEJO, TERESA**  
STREET ADDRESS **1317 SW 140 PL**  
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **RIUS, TERESA C**  
STREET ADDRESS **8743 SW 9 TERR**  
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/04**  
DATE

Daytime Phone #