

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90501 003 \*\*\*150.00

**DOCUMENT # P00000116419**

1. Entity Name  
**PRESCOTT MEDICAL EQUIPMENT, INC.**



Principal Place of Business  
**2250 ALOMA AVE  
WINTER PARK, FL 32792**

Mailing Address  
**2250 ALOMA AVE  
WINTER PARK, FL 32792**

**54039998**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3688048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BHIKHA, PERMANAND  
2250 ALOMA AVE  
WINTER PARK, FL 32792**

**DO NOT WRITE  
IN THIS SPACE**

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)

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 NAME STREET ADDRESS CITY - ST - ZIP	D BHIKHA, PERMANAND 2936 NORTH WHISPERBAY COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BHIKHA, YVONNE- <i>delete</i> 2936 NORTH WHISPERBAY COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSAUD, SARRINA <i>delete</i> 4214 MENDENWOOD LANE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*PERMANAND BHIKHA* 4/15/04 407-628-1357