

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90520 001 ***115.00
05-24-2004 90520 002 ****35.00

66423917



03142003 Chg-P CR2E034 (10/03)

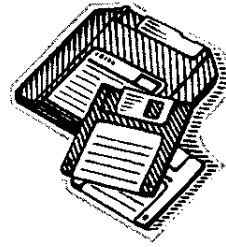
DOCUMENT # P01000030970			
1. Entity Name COMPUMED EQUIPMENT, CORP.			
Principal Place of Business 8226 WEST WATERS AVENUE TAMPA, FL 33615		Mailing Address 8226 WEST WATERS AVENUE TAMPA, FL 33615	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country <i>Hills Boro</i>	Zip	Country <i>Hills Boro</i>
4. FEI Number 65-1082488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IGIESIAS, HUMBERTO 8226 WEST WATERS AVENUE TAMPA, FL 33615		7. Name and Address of New Registered Agent Name <i>BERT GARCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>6712 S. CORTES ST</i> City <i>TAMPA</i> FL Zip Code <i>33616</i>	
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 <i>BERT GARCIA</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>05/14/04</i>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD IGIESIAS, HUMBERTO 8226 WEST WATERS AVENUE TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRTS</i> BETH ANNE V. CAMPBELL 8226 W. WATERS AVENUE TAMPA, FL. 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMOTHY CARTER, JOHN C 8226 WEST WATERS AVENUE TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Beth Campbell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>8-13-417-1756</i> Daytime Phone #	

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#P01000030970

Compumed Equipment Corporation



8226 West Waters
Tampa, Florida 33615
Tel (813) 884-5888
Fax (813) 873-3610

Fax

We request dispensation for the \$400 penalty since the company was sold and the original renewal for the annual was sent to the previous director. The previous director is no longer associated with the company.

Thank you.

A handwritten signature in cursive script that reads "Beth Anne V. Campbell".

Beth Anne V. Campbell



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Division of Corporations

Annual Report

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Business Entity Name

COMPUMED EQUIPMENT, CORP.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

651082488

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

8226 WEST WATERS AVENUE

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code & Country

33615

Mailing Address

Address

8226 WEST WATERS AVENUE

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code & Country

33615

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Garcia

, Bert

-or- RA Business Name

Address

6713 S. Cortez Street

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code & Country

33616

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an

Attachment

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<https://efile.sunbiz.org/scripts/ubr001.exe>

~~#PD1000030970~~

individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Bert Garcia

Continue

Reset

Start Over

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*Attachment*

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Business Entity Name

COMPUMED EQUIPMENT, CORP.Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Officer/Director Name And Address**

Title	PSTD		
Name (Last, First, Middle, Title)	CAMPBELL	BETH ANNE	V
-or- Entity Name			
Street Address	8226 WEST WATERS AVENUE		
City, State	TAMPA	FL	
Zip Code & Country	33615		

Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			

Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			

Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			