

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90032 015 ***150.00

DOCUMENT # P01000049529

1. Entity Name

MED-PHARM MEDICAL EQUIPMENT INC.



Principal Place of Business

**4343 WEST FLAGLER ST
200-D
MIAMI FL 33134**

Mailing Address

**4343 WEST FLAGLER ST
200-D
MIAMI FL 33134**

34011400



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**5872 WEST FLAGLER ST.
Suite, Apt. #, etc.**

3. Mailing Address

**5872 WEST FLAGLER ST.
Suite, Apt. #, etc.**

City & State

MIAMI, FL 33144

Zip
33144

Country

City & State

MIAMI, FL 33144

Zip
33144

Country

4. FEI Number

65-1119879

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARMONA, VICENTE
4343 W. FLAGLER ST.
STE. 200-D
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Vicente Carmona

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

(NOTE: Registered Agent signature required when reinstating)

2/20/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

**PST
CARMONA, VICENTE
4343 W. FLAGLER ST., STE.200-D
MIAMI FL 33134**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PST
CARMONA, VICENTE
5872 WEST FLAGLER ST.
MIAMI, FL 33144**

☒ Change ☐ Addition

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:

Vicente Carmona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

786-251-2729

Daytime Phone #