

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90035 050 ***150.00

DOCUMENT # P01000090703

1. Entity Name
EXTREME MEDICAL EQUIPMENT CORP.



Principal Place of Business
11117 W. OKEECHOBEE RD #128
HIALEAH GARDENS, FL 33018

Mailing Address
11117 W. OKEECHOBEE RD #128
HIALEAH GARDENS, FL 33018

54015451



Principal Place of Business
Calle 15 #17 Bloque

3. Mailing Address
16446 N.W. 12th Street

Suite, Apt. #, etc.
35 Villa Carolina

Suite, Apt. #, etc.

City & State
Carolina, Puerto Rico

City & State
Pembroke Pines

Zip
00985

Country

Zip
33028

Country
Broward

03032004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1138843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGU, LOURDES
11117 W. OKEECHOBEE RD #128
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name
Lourdes Segue

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

16446 N.W. 12th Street

City
Pembroke Pines

FL Zip Code
33028

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
Lourdes Segue

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

(NOTE: Registered Agent signature required when reinstating)

3/3/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SEGU, LOURDES
11117 W. OKEECHOBEE RD #128
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Lourdes Segue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 (954) 392-5911

Date

Daytime Phone #