

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099482

FILED
May 04, 2005
Secretary of State

Entity Name: DARTMOUTH MEDICAL EQUIPMENT AND SUPPLY, INC.

Current Principal Place of Business:

920 CYPRESS WOOD COURT
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

920 CYPRESS WOOD COURT
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3750462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOPPIANI, CHRISTOPHER G
920 CYPRESS WOOD COURT
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOPPIANI, CHRISTOPHER G
Address: 920 CYPRESS WOOD COURT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS FOPPIANI

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date