

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000099482

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** DARTMOUTH MEDICAL EQUIPMENT AND SUPPLY, INC.

**Current Principal Place of Business:**

375 SOUTH MOSS ROAD  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

375 SOUTH MOSS ROAD  
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  
375 SOUTH MOSS ROAD  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** FOPPIANI, CHRISTOPHER G  
**Address:** 375 SOUTH MOSS ROAD  
**City-St-Zip:** WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

**SIGNATURE:** CHRIS FOPPIANI

PD

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date