2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# P01000111927

Entity Name: ATLANTIC MEDICAL EQUIPMENT CORPORATION

Current Principal Place of Business:

720 S. SAPODILLA AVENUE
#113
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1616 N FLORIDA MANGO RD
STE 6A
WEST PALM BEACH, FL 33409

Current Mailing Address:

720 S. SAPODILLA AVENUE
#113
WEST PALM BEACH, FL 33401

New Mailing Address:

1616 N. FLORIDA MANGO RD
STE 6A
WEST PALM BEACH, FL 33409

FEI Number: 59-3759868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTAGLIA, JOHN
9116 BAY POINTE CIR.
WEST PALM BEACH, FL 33411 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: D ( ) Delete
Name: BATTAGLIA, JOHN
Address: 9116 BAYPOINTE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: BATTAGLIA, KATHLEEN
Address: 9116 BAYPOINTE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: BATTAGLIA, JOHN
Address: 9116 BAYPOINTE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Change ( ) Addition
Name: BATTAGLIA, KATHLEEN M
Address: 9116 BAYPOINTE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

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: KATHLEEN M. BATTAGLIA D 01/10/2004

Electronic Signature of Signing Officer or Director — Date