2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001783

Entity Name: KEMP MEDICAL EQUIPMENT, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1455 NW 14TH ST. 531 EAST 25TH ST. MIAMI, FL 33125 HIALEAH, FL 33013

Current Mailing Address: New Mailing Address:

1455 NW 14TH ST. 531 EAST 25H ST. MIAMI, FL 33125 HIALEAH, FL 33013

FEI Number: 26-0007352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHALA, ARAYMA

1455 NW 14TH ST.

MIAMI, FL 33125

WILSON, EVERETT

2151 LEJEUNE ROAD

MEZZANINE

CORAL GABLES, FL 33134

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: J. EVERETT WILSON 03/22/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPS (X) Change () Addition

 Name:
 CHALA, ARAYMA
 Name:
 BELLO, ONILE

 Address:
 1455 NW 14TH ST.
 Address:
 6890 SW 161ST PLACE

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:
 MIAMI, FL 33193

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: ONILE BELLO PSD 03/22/2004