2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000013602

Entity Name: NATIONAL DURABLE MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

2450 S.W. 137 AVE.
STE. 203
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2450 S.W. 137 AVE.
STE. 203
MIAMI, FL 33175

New Mailing Address:

FEI Number: 01-0591450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BULTE, CLARA
1521 MICIGAN AVE.
APT. 2
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BULTE, CLARA
10825 SW 56TH STREET
MIAMI, FL 33165 US

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: 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTV ( ) Delete
Name: BULTE, CLARA
Address: 2450 S.W. 137 AVE.
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTV (X) Change ( ) Addition
Name: BULTE, CLARA
Address: 2450 S.W. 137 AVE SUITE 203
City-St-Zip: MIAMI, FL 33175

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: CLARA BULTE PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date