

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021452

FILED
Feb 03, 2009
Secretary of State

Entity Name: ALL AMERICAN MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1747 INDEPENDENCE BLVD.
#E-10
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1747 INDEPENDENCE BLVD.
#E-10
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 72-1521014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, KARIN
3312 SOUTH SECLUSION DR.
SARASOTA, FL 34239 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: P () Delete
Name: RAGER, PATRICIA
Address: 3312 S. SECLUSION DR.
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: COLE, KARIN
Address: 3312 S. SECLUSION DR
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KARIN G. COLE

VP

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date