

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90220 023 \*\*\*158.75

<b>DOCUMENT # P02000035631</b> 1. Entity Name <b>ATLANTIC MEDICAL EQUIPMENT &amp; SUPPLIES, INC.</b>																											
Principal Place of Business <b>1470 N.W. 107 AVE., STE. D-20 MIAMI, FL 33172</b>		Mailing Address <b>1470 N.W. 107 AVE., STE. D-20 MIAMI, FL 33172</b>																									
2. Principal Place of Business <b>2954 West 84 Street</b> Suite, Apt. #, etc. <b>#4</b>		3. Mailing Address <b>2954 West 84 Street</b> Suite, Apt. #, etc. <b>#4</b>																									
City & State <b>Hialeah, FL</b>		City & State <b>Hialeah, FL</b>																									
Zip <b>33018</b>	Country <b>USA</b>	Zip <b>33018</b>	Country <b>USA</b>																								
4. FEI Number <b>04-3646323</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>NORONO, MARLENE M 1470 N.W. 107 AVE., STE. D-20 MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>Norono, Marlene</b> Street Address (P.O. Box Number is Not Acceptable) <b>18455 Miramar Parkway</b> <b>#182</b> City <b>Miramar</b> <b>FL</b> Zip Code <b>33029</b>																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>NORONO, MARLENE M</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1470 N.W. 107 AVE., STE. D-20</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FL 33172</b></td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	<b>NORONO, MARLENE M</b>		STREET ADDRESS	<b>1470 N.W. 107 AVE., STE. D-20</b>		CITY-ST-ZIP	<b>MIAMI, FL 33172</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>Norono, Marlene</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2954 West 84 Street #4</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Hialeah, FL 33018</b></td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>Norono, Marlene</b>		STREET ADDRESS	<b>2954 West 84 Street #4</b>		CITY-ST-ZIP	<b>Hialeah, FL 33018</b>	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-25-04</b> <small>Daytime Phone #</small>																									