# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 16, 2005**
**Secretary of State**

DOCUMENT# P02000035631

**Entity Name:** ATLANTIC MEDICAL EQUIPMENT & SUPPLIES, INC.

**Current Principal Place of Business:**

2954 WEST 84 STREET, #4
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

2954 WEST 84 STREET, #4
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number: 04-3646323** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NORONO, MARLENE M
18455 MIRAMAR PKWY, #182
MIRAMAR, FL 33029 US

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

GARCIA, JESUS Y
2954 WEST 84 STREET, #4
HIALEAH, FL 33018 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: JESUS YZQUIERDO GARCIA 11/16/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: NORONO, MARLENE M
Address: 2954 WEST 84 STREET, #4
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition
Name: GARCIA, JESUS Y
Address: 2954 WEST 84 STREET, #4
City-St-Zip: HIALEAH, FL 33018

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: JESUS YZQUIERDO GARCIA PRES 11/16/2005
Electronic Signature of Signing Officer or Director Date