

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000042543**

1. Entry Name  
**E & S MEDICAL EQUIPMENT CORPORATION**



Principal Place of Business

**4471 NW 36 ST  
253  
MIAMI, FL 33166**

Mailing Address

**4471 NW 36 ST  
253  
MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FCI Number  
**61-1412625**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAMAYO, IVONNE I  
16751 SW 141 AVE  
MIAMI, FL 33177**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent (and filer if applicable)

(NOTE: Registered Agent's signature is required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PSTD                   |
| NAME           | TAMAYO, IVONNE         |
| STREET ADDRESS | 4471 NW 36 ST., STE 23 |
| CITY, ST, ZIP  | MIAMI, FL 33166        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |

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04/21/06-80004-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ivonne Tamayo* **Ivonne Tamayo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/06**

DATE

**305-885-8444**

TELEPHONE NUMBER